



# PROPOSAL FOR SOFTWARE ASPECTS OF THE DPHE-DANIDA COASTAL BELT RURAL WATER SUPPLY AND SANITATION COMPONENT

SUBMITTED BY BRAC

Volume  
I



November 14, 1999

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OF THE DPHE-DANIDA COASTAL BELT RURAL  
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## Acronyms

BCDM	-	BRAC Centre for Development Management
CBO	-	Community Based Organisation
CCU	-	Central Coordination Units
CSP	-	Child Survival Program
CV	-	Curriculum vitae
DAG	-	Danida Advisory Group
DPHE	-	Department of Public Health Engineering
EHC	-	Essential Health Care
EPI	-	Expanded Program on Immunization
FGD	-	Focus Group Discussion
HAPIC	-	Hygiene Awareness and Product Information Campaign
H&FP	-	Health and Family Planning
IEC	-	Information Education Communication
NGO	-	Non-governmental Organisation
OTEP	-	Oral Therapy Extension Program
RDP	-	Rural Development Program
RED	-	Research and Evaluation Division
SC	-	Satellite Clinic
SS	-	Shastho Shebika
TARC	-	Training and Resource Centre
PMU	-	Project Management Unit
PRA	-	Participatory Rural Appraisal
UNICEF	-	United Nations Children Fund
WATSAN	-	Water and Sanitation
WHDP	-	Women Health and Development Program





## 1. PROJECT SUMMARY

Project title	: Software aspects of the DPHE-DANIDA coastal belt rural water supply and sanitation component.
Organization	: BRAC
Starting date	: As soon as project agreement is signed
Project duration	: Five years
Project budget	: Taka 366,032,436 only

### Narrative Summary :

This technical proposal is submitted by BRAC in response to an invitation by the Danish Advisory Group to implement the software activities of the Coastal Belt Rural Water Supply and Sanitation Project. The purpose of the project is to improve and sustain environmental sanitation of the project area by facilitating, promoting and strengthening community capacity in a participatory manner. This document describes the Coastal Belt Rural Water supply and Sanitation Program that BRAC will carry out over a five-year period with the people of the project area. It is assumed that following this intervention people of the coastal belt will be able to break away from the vicious cycle of poor environmental sanitation, frequent illness, malnutrition, loss of productivity and abject poverty. The intervention will be implemented on the concept that good health and sanitation among poor people, especially women and children, will contribute to increased productivity and income-earning by reducing disease burden and improving nutrition. Thus it will help alleviate poverty and raise rural economy.

The project will be implemented under a joint partnership among five actors. They are: DPHE, DANIDA, BRAC, selected CBOs and the coastal belt community. The total project area covers 296 unions of 28 thanas in 8 districts in the coastal belt. The districts are Pirojpur, Jhalokati, Barisal, Barguna, Patuakhali, Noakhali, Luxmipur and Feni. The total population of the project area is approximately 7.6 million people. The

thanas selected for this project are those where BRAC has already established its development infrastructure and has experienced implementing team for execution of the proposed project. Where such implementing team of BRAC does not exist, an alternative local NGO with experience in water and sanitation Program will be selected as field implementer. Elected officials of the local government body, DPHE, school teachers, religious and community leaders, NGOs, women's groups and local influential people will play an important part in this project. A central coordination team will be formed at thana headquarters and BRAC will be responsible to coordinate their activities and allocate their responsibilities in the project area.

BRAC will play a dual role in the coastal belt rural water supply and sanitation project. Firstly, it will execute the project in selected thanas as grassroots implementer where it has its own infrastructure. Secondly, it will work together with DPHE and DANIDA as the national NGO and provide technical, training, research and co-ordination assistance to the program implementation agencies in all the project thanas. BRAC is also interested to implement the software activities in the urban areas of the project site in collaboration with the existing Urban Water Supply and Sanitation Project.

The project will be implemented in one phase comprising three interlinked periods. An inception period of one year will ensure setting up of the infrastructure for activities planned to be carried out during this initial period of developing strategies and capacities. The one-year inception period is followed by a one-year period of start-up before the three years of full-scale implementation. The last 6 months will be treated as the phasing out period for the project.

Under this project local NGO workers (field workers and supervisors etc.), local leaders (from government, religious, education, medical profession, trade and commerce sectors) and school students will be given training on the importance and advantage of safe water and hygienic sanitation for health and human well-being so that they can work as local volunteers to disseminate the message to the villagers. Village animator i.e., the female community hygiene volunteer, will be the core person implementing the project at the grassroots level. The Village animators will be selected from within the



community and trained on social mobilization and various communication methods. After completion of project activities, these animators will assume the responsibility of disseminating information on environmental sanitation and hygiene.

Within the program health education on personal and domestic hygiene, benefit of sanitary latrine and safe water (including education on using arsenic-free water) will be disseminated to the community through union meetings, village meetings, courtyard meetings (*Uthan Baithak*) and household visits. The village animators will initially help field workers organize the courtyard and other meetings at the village level. Communities will be motivated and mobilized to install and maintain the tubewells (after testing for arsenic in the ground water) and use the ground water for all household purposes like drinking, cooking and washing. BRAC will also facilitate the hardware activities of DPHE by helping to select sites for establishment of water points by the local community in a participatory manner, and also building local capacities in maintaining these installations. People will also be motivated and mobilized to collect and install slab latrines. To promote sanitation among people who cannot afford to buy water-sealed latrine, each latrine production centre will innovate and construct a low-cost home-made hygienic latrine for demonstration. Leaflets with information and drawings of home-made latrine will be made available to the public at the production centres. A school hygiene program with hygiene-related education, training and infrastructure supports covering primary and secondary schools will be executed. Publicity of all kinds will help make people aware of the sanitation program. A mobile video team will be organised to show the people technology of latrine installation and make them aware of the sanitation and water Program. Billboards, posters and stickers explaining the importance of environmental sanitation and hygiene will be put in public places around the thana. Artistic billboards with health information and diagrams will be placed around the thana.

Research and Evaluation Division will conduct descriptive anthropological studies and targeted stratified surveys. According to the information collected, suitable IEC materials will be developed for the target audience. It will also help establish a participatory monitoring system in the project area and conduct operation research on various

...mitigation of arsenic water for arsenic mitigation. Certain activities will be identified and progress of project to be monitored periodically by several means of verification against certain identified indicators.

Capacities of the partners will be strengthened through management training. The core training team will implement training courses based on program needs. They will be closely assisted by BRAC's Training Division. Two training coordinators, one for each region, will be responsible for overall coordination of the training activities. BRAC's physical facilities like TARC, CDM and area offices will be used as training venue.

It is expected that by the end of the Program intervention, BRAC will be able to achieve behaviour changes with respect to safewater, environmental sanitation and personal and domestic hygiene, empower community people and alleviate poverty at a tangible level. The strong foundation in the village laid by BRAC activities will enable the program activities to be sustained long after BRAC's involvement ends.

## 2. BRAC references

### 2.1. *Introducing BRAC*

BRAC, one of the largest NGO started as a relief and rehabilitation organisation in 1972 following the liberation war to take care of the returning war-refugees. Rendering relief to the distressed and deprived then seemed to suffice as an answer to the crisis. However, relief did not ensure sustainability and permanent fulfilment of basic needs. BRAC then set out on a quest to find a solution for poverty alleviation and evolved as a development organisation, transforming itself to conform to the needs of its target group – the poor. Over time, BRAC evolved into a full-blown comprehensive development organisation with particular emphasis on alleviation of poverty and empowerment of poor women.

By 1973, BRAC had put into effect a multi-sectoral village development program in Sulla involving different sections of the rural community. The Program included agriculture, fishery, cooperatives, health, water and sanitation, family planning, rural crafts, adult literacy, vocational training for women, and construction of community centres. A new approach (community approach) was tried, but failed to achieve desired goal, as it was mainly landowners and those who possessed productive assets were benefited. As a result, in 1976, BRAC decided to shift its focus to the poor, defined as those owning half an acre of land and surviving mainly on the sale of manual labour.

In 1975, BRAC began its first experimental activities with women of Jamalpur, a poor rural area. This project, covering 30 villages, served as a pioneer developing ground for activities specifically addressed to the needs of women. A year later, BRAC moved into Manikganj area, where new approaches were introduced. The Manikganj Integrated Program covered 250 villages, and became BRAC's key laboratory area for testing various development initiatives.

Today BRAC has come a long way, having a large number of development programs that cover health, education, income generation, employment, human rights and training for the poor people as well as institutions serving the poor people.

## **2.2 BRAC mission statement**

BRAC works with people whose lives are dominated by extreme poverty, illiteracy, disease and other handicaps. With multifaceted development interventions, BRAC strives to bring about a positive change in the quality of life of the poor people of Bangladesh.

BRAC is committed to making its program socially, financially and environmentally sustainable, using innovative methods and appropriate technologies. BRAC firmly believes and is actively involved in promoting human rights, human dignity and gender equity.

Although the emphasis of BRAC's work is at the individual level, sustaining the work of the organisation depends on an environment that permits the poor to break out of the cycle of poverty and hopelessness, which frustrates them. To this end, BRAC endeavours to bring about change at the level of national and global policy on poverty alleviation and social progress.

The fulfillment of BRAC's mission requires the contribution of competent professionals committed to the goals and values of BRAC. BRAC, therefore, fosters the development of the human potential of the members of the organisation and those they serve.

## **2.3 Current programs**

At present, BRAC runs six categories of core programs and some highly developed professional support services directed towards socioeconomic upliftment of the rural poor:

1. Rural Development program - a multisectoral Program for poverty alleviation, employment and income generation, and mobilization of the poor.



**Certification:**

I, the undersigned, certify that to the best of m knowledge and belief, these data correctly describe me, my qualifications, and my experience.

\_\_\_\_\_  
*{Signature of staff member and authorized representative of the firm}*

Date: \_\_\_\_\_  
*{Day/Month/Year}*

Full name of Staff Member : Shah Noor Mahmud  
Full name of authorized representative of the Firm : Jalaluddin Ahmed  
Programme Coordinator, BRAC





## FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

Proposed Position: Project Manager

Name of NGO: Rural Development Program, BRAC

Name of Staff: M.M Habibur Rahman

Profession: Regional Manager, BRAC.

Date of Birth: August 25, 1957

Years with NGO: 16 years

Nationality: Bangladeshi

Detailed Tasks Assigned:

- Co-ordinate with PMU and DPHE & DANIDA.
- Organize the inception workshop in region level.
- Supervise the activities of Thana Co-ordinator.
- Supervise the Activities of local NGOs.
- Select the partner Field NGOs.
- Analyse the results of survey and use it for Project Implementation.
- Distribute and Check use of materials.
- Analyse the monitoring reports and moderate or adjust the procedure in collaboration with Programme Coordinator.
- Collect and analyze the outcome of existing research, development and monitoring reports.
- Preparation of Training plans.
- Preparation and distribution the works of local NGOs.
- Select experienced NGO for implementation of the rain water harvesting project.
- Prepare detailed procedure for phasing out software activities for village, unions and thanas.
- Liaison with DPHE, PMU for reduce linkage between Hardware and Software components.

Key Qualifications:

16 years of work experience in BRAC entailed close involved in health and development activities. Serving in the capacity of a regional manager since '96 of Family Planning Facilitation Programme under HPD of BRAC has helped to enhance skills in organizing, conducting, and facilitating training, workshops and seminar. Moreover, it has helped improve interpersonal skills as the job necessitates liaison and coordination with the government and NGO officials of



various levels i.e., from grass roots to National Level. Serving as senior area manager from August '93 to January '96 and area manager in Women's Health and Development Programme (WHDP) and Child Survival Programme (CSP) from May '90 to July '93 has improved communication with the poor people at the grass roots level. Moreover, various training like Management Development Course, Preparation of Project Proposal and Management Course, Supervisory Leadership and Development, has enhanced career development and will undoubtedly help to contribute efficiently to the proper implementation of the project.

**Education:**

Masters in Primary Health Care management; AIHD; Mohidol University

Masters in Sociology; Rajshahi University

B.A. (Hons.) in Sociology; Rajshahi University

**Employment Record:**

- |                    |   |   |
|--------------------|---|---|
| Feb '96 to date    | - | Regional Manager<br>Family Planning Facilitation Program(FFFP); Health and Population<br>Division, BRAC |
| Jan '91 to Jan '96 | - | Area Coordinator<br>Women's Health and Development Program, BRAC  |
| May '90 to Dec '90 | - | Team Coordinator<br>Primary Health Care Program under Child Survival Program,<br>BRAC                   |
| Aug '83 to Aug '90 | - | Program Organiser, Team Coordinator<br>Oral Therapy Extension Program, BRAC                             |

**Languages:**

- Excellent in written and spoken Bangla
- Good in written and spoken English

**Certification:**






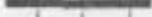













I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

\_\_\_\_\_  
*[Signature of staff member and authorized representative of the firm]* Date: \_\_\_\_  
*[Day/Month/Year]*

Full name of staff member: M.M. Habibur Rahman

Full name of authorized representative: Jalaluddin Ahmed  
Programme Coordinator, BRAC

## TIME SCHEDULE FOR PROFESSIONAL PERSONNEL TO BE PREPARED FOR EACH PHASE

Name	Position	Activities	Quarter (In the form of a Bar Chart / Year)																				Remarks	
			Inception					Implementation																Phasing out
			1 <sup>st</sup> Year					2 <sup>nd</sup> Year					3 <sup>rd</sup> Year					4 <sup>th</sup> Year						5 <sup>th</sup> Year
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
Mr. Jalaluddin Ahmed	PC (H/O based)	1. Overall program implementation																					Subtotal(1)	
		2. Liaison with CCU, DAG & PMU.																						
		3. Facilitate central inception workshop.																					Subtotal(2)	
		4. Program Monitoring & Evaluation.																						
		5. Supervise overall program																						
		6. Prepare program implementation plan and procedure.																					Subtotal(3)	
		7. Participants in preparation of central inception report.																						
		8. Prepare overall program reports.																						
		9. Staff deployment																						
		10. Staff deployment	     																					
		11. Staff appraisal report	    																					

Full-time : \_\_\_\_\_

Activities Duration: 5 years

Part-time : \_\_\_\_\_

Signature : \_\_\_\_\_

(Authorised representative)

Full name: \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

TIME SCHEDULE FOR PROFESSIONAL PERSONNEL TO BE PREPARED FOR EACH PHASE

Name	Position	Activities	Quarter (In the form of a Bar Chart / Year)																				Remarks	
			Inception				Implementation																	Phasing out
			1 <sup>st</sup> Year				2 <sup>nd</sup> Year				3 <sup>rd</sup> Year				4 <sup>th</sup> Year				5 <sup>th</sup> Year					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
Md. Rafiqul Haque	CA (H/O based)	1. Manage the financial activities																			Subtotal(1)			
		2. Audit and Monitoring financial transactions.																						
		3. Prepare financial reports.																			Subtotal(2)			
		4. Organize and conduct financial training.																						

Full-time : 1  
Activities Duration: 5 years

Part-time : \_\_\_\_\_  
Signature : \_\_\_\_\_  
(Authorised representative)  
Full name: \_\_\_\_\_  
Title : \_\_\_\_\_  
Address: \_\_\_\_\_



## TIME SCHEDULE FOR PROFESSIONAL PERSONNEL TO BE PREPARED FOR EACH PHASE

Name	Position	Activities	Quarter (In the form of a Bar Chart / Year)																				Remarks
			Inception				Implementation															Phasing out	
			1 <sup>st</sup> Year				2 <sup>nd</sup> Year				3 <sup>rd</sup> Year				4 <sup>th</sup> Year				5 <sup>th</sup> Year				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
Ms. Rehana Amin Murshed	1. Gender Specialist (HO based)	1. Co-ordination																			Subtotal(1)		
		2. Training																					
		3. Staff Motivation																			Subtotal(2)		
		4. Organize workshop, seminars																					
		5. Supervise overall program.																					

Full-time : 1Activities Duration: 5 Years

Part-time : \_\_\_\_\_

Signature : \_\_\_\_\_

(Authorized representative)

Full name: \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

## TIME SCHEDULE FOR PROFESSIONAL PERSONNEL TO BE PREPARED FOR EACH PHASE

Name	Position	Activities	Quarter (In the form of a Bar Chart / Year)																				Remarks	
			Inception				Implementation																	Phasing out
			1 <sup>st</sup> Year				2 <sup>nd</sup> Year				3 <sup>rd</sup> Year				4 <sup>th</sup> Year				5 <sup>th</sup> Year					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
1. Md. Shah Noor Mahmud 2. M.M. Habibur Rahman	Project Manager (2) (R/O based)	1. Organize Inception and briefing workshops different level.																					Subtotal(1)	
		2. Program implementation.																						
		3. Monitoring & supervision.																					Subtotal(2)	
		4. Co-ordinate with PMU, Local NGO & DPHE.																						
		5. Supervise the Activities of DC, TC & Field NGOs.																						
		6. Prepare & Distribute work plans of NGOs.																					Subtotal(3)	
		7. Prepare inception report R/O level																						
		8. Prepare region level reports.																						
		9. Local NGO selection and contact sign.																						
		10. Select expert NGOs for implement rain water harvesting project.																						

Full-time : 2Activities Duration: 5 years


Part-time : \_\_\_\_\_

Signature : \_\_\_\_\_







(Authorised representative)

Full name: \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

## TIME SCHEDULE FOR PROFESSIONAL PERSONNEL TO BE PREPARED FOR EACH PHASE

Name	Position	Activities	Quarter (In the form of a Bar Chart / Year)																				Remarks		
			Inception				Implementation																	Phasing out	
			1 <sup>st</sup> Year				2 <sup>nd</sup> Year				3 <sup>rd</sup> Year				4 <sup>th</sup> Year				5 <sup>th</sup> Year						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20						
	Financial Officer (2) (R/O based)	1. Manage the financial activities in the region.																					Subtotal(1)		
		2. Audit & Monitoring the financial transaction in the region.																							
		3. Prepare financial report of the region.																					Subtotal(2)		
	Training Co-ordinator (2) (R/O based)	1. Organised and conduct different level stakeholder training.																							
		2. Prepare module.																					Subtotal(3)		
		3. Planning of Training and refreshers.																							

Full-time : 4Activities Duration: 5 years

Part-time : \_\_\_\_\_

Signature : \_\_\_\_\_

(Authorised representative)

Full name: \_\_\_\_\_


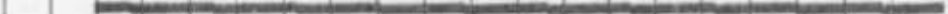



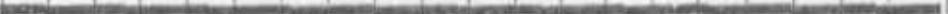




Title : \_\_\_\_\_

Address: \_\_\_\_\_





## TIME SCHEDULE FOR PROFESSIONAL PERSONNEL TO BE PREPARED FOR EACH PHASE

Name	Position	Activities	Quarter (In the form of a Bar Chart / Year)																				Remarks
			Inception				Implementation															Phasing out	
			1 <sup>st</sup> Year				2 <sup>nd</sup> Year				3 <sup>rd</sup> Year				4 <sup>th</sup> Year				5 <sup>th</sup> Year				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
	Thana Coordinator (28) (Thana based)	1. Program implementation in thana level.																					Subtotal(1)
		2. Supervise & monitoring program in thana and grassroot level.																					
		3. Organize trainings.																					Subtotal(2)
		4. Organize orientation workshops.																					
		5. Supervise the activities of field supervisor & field NGOs.																					
		6. Co-ordinate with DPHE & PMU.																					Subtotal(3)
		7. Organize refresher training																					
		8. Co-ordinate with local leaders, U <sup>1</sup> council and H&FP officials.																					
		9. Organize and activate the union & thana WATSAN Committee.																					
		10. Implement school sanitation																					

Full-time : 28

Activities Duration: 5 years

Part-time : \_\_\_\_\_

Signature : \_\_\_\_\_

(Authorised representative)

Full name: \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_



## TIME SCHEDULE FOR PROFESSIONAL PERSONNEL TO BE PREPARED FOR EACH PHASE

Name	Position	Activities	Quarter (In the form of a Bar Chart / Year)																				Remarks	
			Inception				Implementation																	Phasing out
			1 <sup>st</sup> Year				2 <sup>nd</sup> Year				3 <sup>rd</sup> Year				4 <sup>th</sup> Year				5 <sup>th</sup> Year					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
	District Co-ordinator (8) (district based)	1. Program implementation in district level.																				Subtotal(1)		
		2. Supervise the activities of PO, TC & Local NGO.																						
		3. Program monitoring & evaluation in district level.																				Subtotal(2)		
		4. Coordinate with PMU, district level line ministry officials, DPHE and local NGO.																						
		5. Prepare district level Reports																						

Full-time : 8Activities Duration: 5 years

Part-time : \_\_\_\_\_

Signature : \_\_\_\_\_

(Authorised representative)

Full name: \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_



2. Health program – BRAC's health Programs are primarily targeted for its Program partners but some programs are focused towards the total community and are conducted in collaboration and partnership with the government and other development agencies.
3. Non-Formal Primary Education - a life oriented education Program for children of poorer households who have never been to school.
4. Training, Research and Evaluation, Accounts and Audit etc - support services to core Programs and projects.
5. Handicrafts production and marketing - sericulture industry, Ayesha Abed Foundation and Aarong.
6. Income generating commercial enterprises – offset printing press, cold storage, Aarong milk and milk products.

With these Programs in hand, BRAC plans to move along the path to sustainable development.

## **2.4 Personnel**

BRAC personnel consists of over 24,000 regular staff and 34,000 part-time para-professional teachers for its non-formal primary schools.

## **2.5 Introduction to each program/department to be involved in project implementation.**

### **2.5.1 Rural Development Program (RDP)**

The Rural Development Program (RDP) – one of the BRAC's core programs, has organised until now over 3 million poor landless people in rural areas. The credit

## INCEPTION PERIOD

		1 <sup>st</sup> , 2 <sup>nd</sup> etc. are months from the start of assignment											
1. PROGRAM		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
1. ORGANISE INCEPTION WORKSHOPS:													
a) Central level – 1													
b) Regional level – 2													
2. ORGANISED BRIEFING ORIENTATIONS:													
a) District level – 8													
b) Thana level – 28													
c) Union level – 296													
3. OFFICE ESTABLISHED & ACCOMMODATED													
a) Regional level – 2													
b) Thana level – 28													
4. DEVELOPED PLANNING & PROCEDURE													
a) Developed Inception, implementation and phasing out planning													
b) Working procedure for national NGO													
c) Working plan & procedure for field NGO													
5. STAFFING:													
a) Recruitment													
b) Deployment													
6. FIELD NGO SELECTION													
a) Prepare list of field NGOs													
b) Selection of field NGOs													
c) Contract sign with field NGO													
d) Field NGO staff recruitment and deployment.													
7. IEC MATERIALS													
a) Prepared													
b) Field test													
c) Training for how to use IEC materials													
d) Distribution													
8. VEHICLES AND EQUIPMENT PROCURE													
a) Regional level													
b) District level													
c) Thana level													

[illegible]

[illegible]

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46			
b) Assist in research of site selection for rain water harvesting.																																																	
c) Assist research for Rain Water harvesting project implementation																																																	
19. MONITORING & SUPERVISION:																																																	
a) Monitoring and supervision of different level activities.																																																	
b) Supervision & monitoring construction activities																																																	
20. REPORTING and Phasing Out																																																	
a) Reporting of different level																																																	
b) Handed over all activities to local government basis community and local NGOs																																																	



## ACTIVITY (WORK) SCHEDULE TO BE PREPARED FOR EACH PHASE

## ACTIVITY (WORK)

2. TRAINING	Inception Period	Implementation Period				Phasing out period
		1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> yr	
1. Inception workshops						
2. Orientation workshops						
3. Training of Trainers						
4. Basic Training for NGO workers						
5. Training Course for DPHE, UP, H&FP, Teachers, Imams and NGO workers.						
6. Training of village animators						
7. Care taker training						
8. Latrine producers training						
9. Management Development Course						
10. Financial Management Course						
11. Training on supportive supervision						
12. Training on MIS						
13. Primary Health Care Management						
14. Gender Awareness and analysis course						

## ACTIVITY (WORK) SCHEDULE TO BE PREPARED FOR EACH PHASE

## ACTIVITY (WORK)

3. RESEARCH	Inception Period		Implementation Period				Phasing out period
			1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> yr	
1. Baseline Survey	■	■					
2. WATSAN watch				■	■	■	
3. Short and long studies					■	■	
4. Action Research				■	■	■	
5. Mid term evaluation					■	■	
6. Final Impact Survey							■
7. Sustainability study						■	

## B. Completion and Submission of Reports.

Reports		Date
1.	Inception Report	Quarterly reports on 8-10 April 2000, 8-10 July 2000, 8-10 October 2000, 8-10 January 2001, Final Inception report – 29-31 January 2001.
2.	Quarterly Progress Report	8-10 April, 8-10 July, 8-10 October and 8-10 January of every year.
3.	Draft final report	29-31 January 2005
4.	Final Report	12-15 March 2005

1. BRAC is a private sector development organization which has been operating in Bangladesh since 1972. Its Organogram is provided in Annex-14.
2. BRAC's Constitution is attached.
3. BRAC is a national NGO. Names of Board of member is attached.
4. Registration with NGO Affairs Bureau under Office of Prime Minister and Registration under Societies Registration Act 1860 and BRAC's constitution provide the legal basis for BRAC to work on community development including water and sanitation.
5. The Societies Registration act of 1860      9<sup>th</sup> April, 1974.  
       NGO Affairs Bureau                              22<sup>nd</sup> April, 1981      ✓
6. NGO Affairs Bureau and Societies Registration Act 1860.
7. Number of employees according to gender as of June, 1999
 

Male	17857	72.27 %
Female	6852	27.73 %
Total	24709	100.00 %
8. Membership with the following apex body in Bangladesh.
  - a) ADAB
  - b) NGO-Forum for drinking water supply and sanitation
  - c) VHSS
9. BRAC is working with the local government bodies in different capacity for the upliftment of Bangladesh. In the following mentioned the program's name. For details please see the reports mentioned against each program.
  - (a) Income Generation for Vulnerable Group Development Program (BRAC Annual Report, '98)
  - (b) Participatory Livestock Development Program ( BRAC Annual Report, '98)
  - (c) Poultry for Nutrition Program (BRAC Annual Report, '98)
  - (d) Bacr Fisheries Program (BRAC Annual Report, '98)
  - (e) Social Forestry Program( BRAC Annual Report, '98)
  - (f) Fish Culture Program (BRAC Annual Report, '98)

- (g) Agriculture Program (BRAC Annual Report, '98)
- (h) Adult Education Program (BRAC Annual Report, '98)
- (i) Extended Program on Immunization ( BRAC Annual Report, '98)
- (j) Water and Sanitation (Hapic report for UNICEF,1999)
- (k) Democracy Partnership ( Training report,98)

10. Foreign funds received during fiscal year

1998 Taka 2,183,003,181 US\$ 44,551,085

1999 Taka 1,913,003,939 US\$ 39,040,897

11. Expected foreign funds in the fiscal year 2000

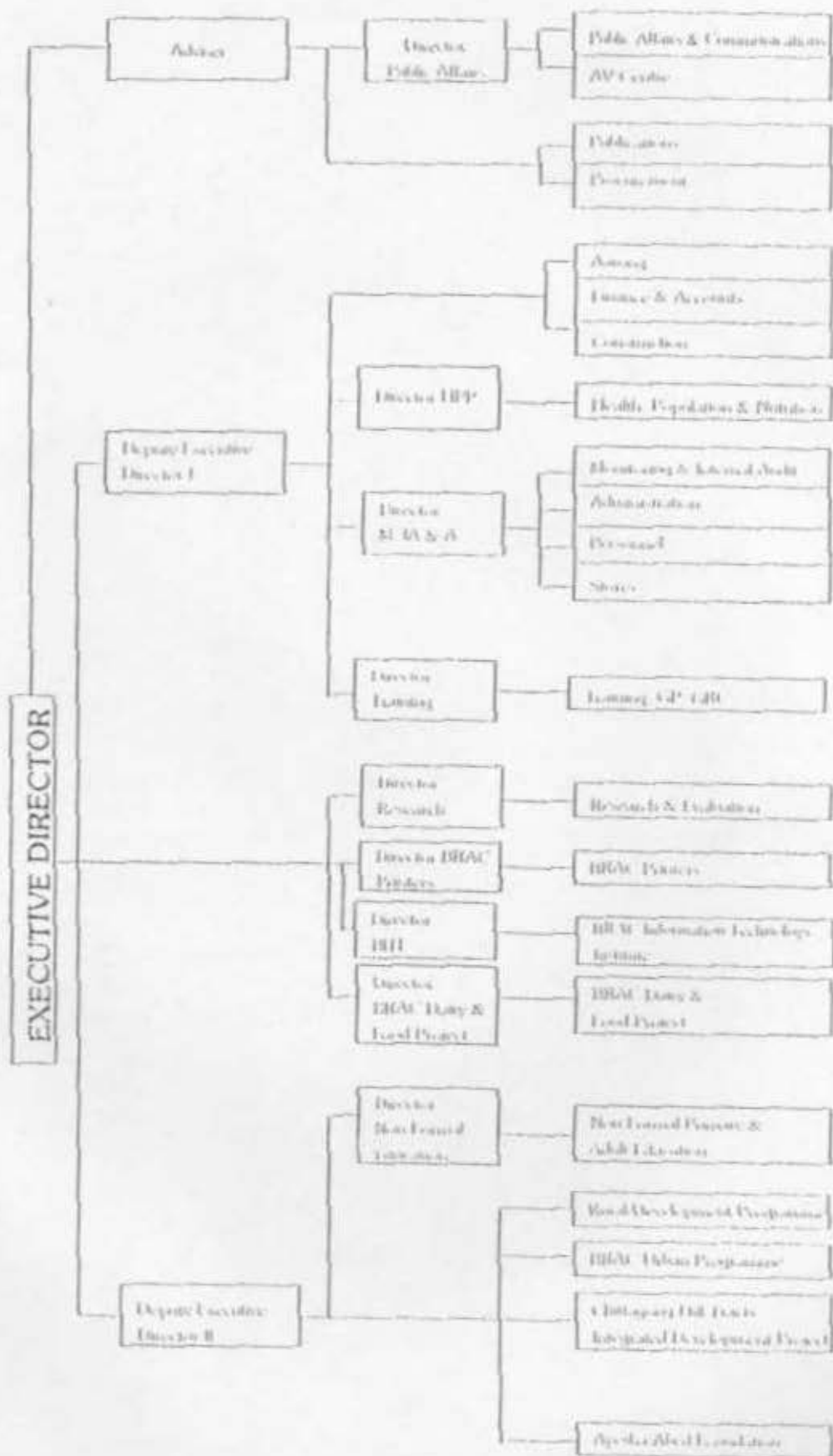
Taka 1,648,302,731 US\$ 33,638,831

12. Account Holder : BRAC  
 Bank : Standard Chartered Bank  
 Address : 18-20 Motijheel C/A  
 Dhaka-1000  
 Account Number : 01-6000282-03 CD

13. BRAC has agreed to provide Bank guarantee.

14. Estimated Budget attached with the proposal (PART-II).

### BRAC Organogram



program initiated in 1976 has so far disbursed Tk. 2,688 crore (US\$ 572 million) among the group members to develop their income generating capacities. These members are encouraged to make small savings regularly with BRAC and their total savings now stands at Tk. 216 crore (US \$ 46 million). The RDP comprises a number of activities like Rural Credit Program (RCP), Small-holder Livestock Development Program (SLDP), Income Generation for Vulnerable Group Development (IGVGD), Rural Enterprise Project (REP), Micro Enterprise Lending and Assistance (MELA), Human Rights and Legal Services (HRLS) and Essential Health Care (EHC).

### *2.5.2 Training Division*

The overall goal of the Training Division is to improve the management competencies of development practitioners and to enhance the human and operational skills of the program participants and the staff. These efforts are consistent with BRAC's poverty alleviation and empowerment goals. To respond appropriately to a diversity of individual and organisational needs, the specific objectives of the Training Division are:

- To develop and provide training courses for BRAC staff and program participants;
- To develop the capacities of other NGOs and government by providing need-based professional management training; and
- To extend appropriate support and facilities to other organization for organizing training, exposures, workshops, seminars and conferences;

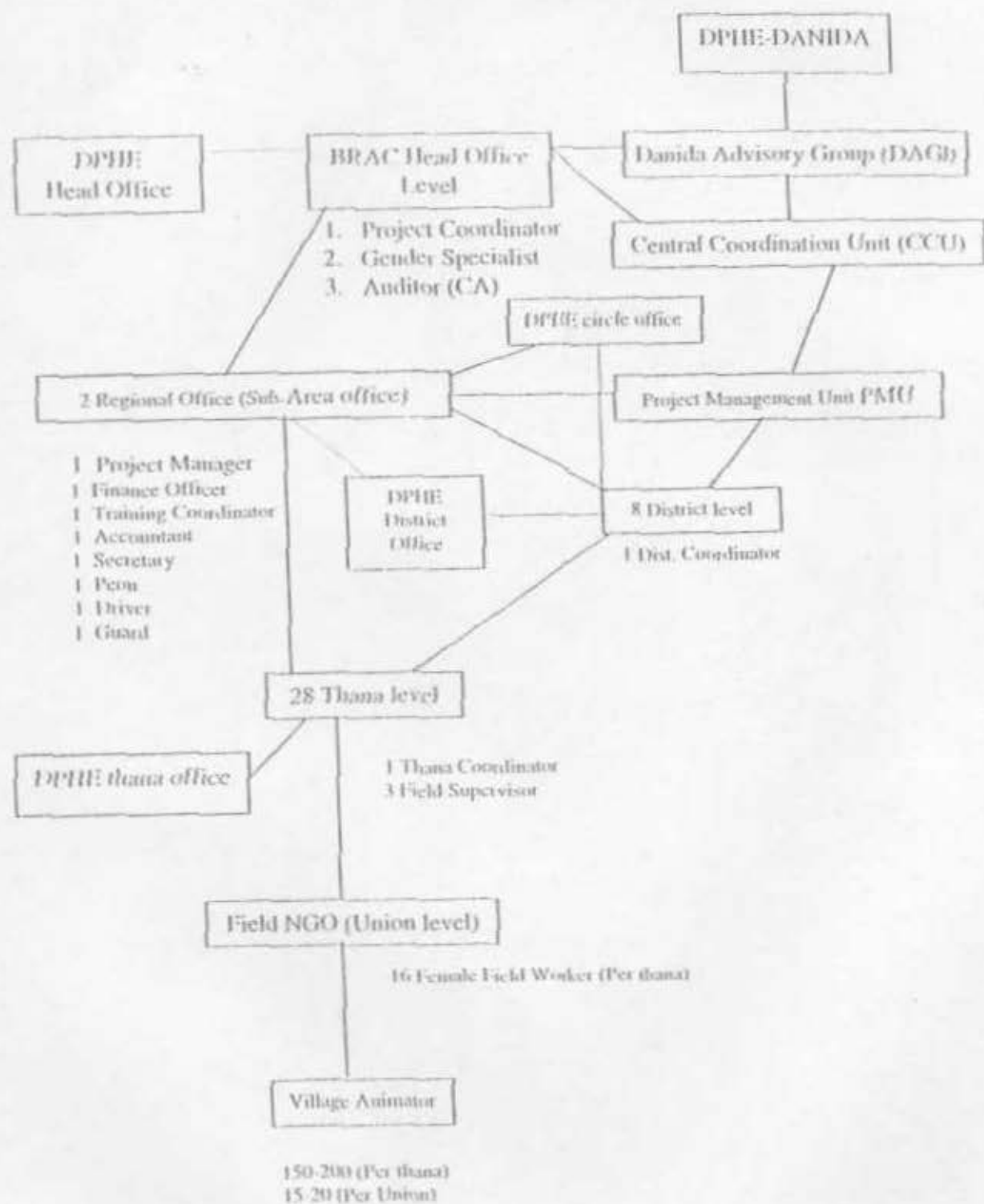
The Training Division now operates 11 Training and Resource Centres (TARC) and two BRAC Centre for Development Management (BCDM) throughout the country, which run round the year training courses. It has now 228 professional trainers, 89 females and 139 males, who have about 5-17 years of experience to their credit.



# BRAC Offices in the Proposed Project Areas

Sub Area	Division	BRAC Regional Office	Thana	BRAC Area Office
Feni	1. Pongor	Pongor	Shendia Mathura Pongor Sadar Jangkhari (Mamurhat)	1. Shendia 2. Mathura 3. Pongor Sadar 4. Jangkhari (Mamurhat)
	2. Dabkhari	--	Kalaha	5. Kalaha
	3. Barisal	Barisal	Bakerganj Barisalpara Barisal Sadar Ujirpur	6. Bakerganj-1 7. Bakerganj-2 8. Barisalpara (Chakhat) 9. Barisal Sadar-1 10. Barisal Sadar-2 11. Ujirpur-1 12. Ujirpur-2
	4. Barguna	--	Amroli Bamna Bongi Barguna Sadar Paharghata	13. Amroli-1 14. Amroli-2 15. Bamna 16. Bongi 17. Barguna Sadar 18. Paharghata
	5. Pirojpur	Pirojpur	Bughal Dumain Gulachipa Kulapara Mirzapur Pirojpur	19. Bughal-1 20. Bughal-2 21. Dumain 22. Gulachipa 23. Kulapara-1 24. Kulapara-2 25. Mirzapur 26. Pirojpur-1 27. Pirojpur-2
Noakhali	6. Lakshimpur	--	Lakshimpur Rangpur Rajpur	28. Lakshimpur-1 29. Lakshimpur-2 30. Rangpur 31. Rajpur-1 32. Rajpur-2
	7. Noakhali	Noakhali	Bogorajpur Companipur Hafsa Noakhali	33. Bogorajpur-1 34. Bogorajpur-2 35. Companipur 36. Noakhali Sadar-1 37. Noakhali Sadar-2
	8. Feni	Feni	Singpur	38. Singpur

## BRAC Organogram for the Proposed Project



# TRAINING PLAN AND COURSE OUTLINES

## Training Plan

TRAINING COURSE	OUTPUT	PERFORMANCE INDICATORS	TARGET					DURATION	NATURE & No. OF PARTICIPANTS
			1st	2nd	3rd	4th	5TH		
<b>INCEPTION PERIOD</b> 1. Inception workshop at central level as well as regional level.	1.1 Inception workshop at central level as well as at regional level organized and inception report prepared. 1.2 Guidelines for workshop prepared.	- No. of inception workshop. - No of inception report - No. of workshop guidelines	- one central and two regional level workshops - One inception report - Two workshop guidelines					One day -	30
2. Orientation and sensitizing seminars for 1) PHC staff 2) field staff from line ministry 3) local government staff 4) NGO staff 5) local leaders and decision makers	2.1 District level stakeholders oriented and plan of action developed.	- No of seminars organized at district level.	8 seminars					2 days	DC, XEN, CS, DDFP, DPEO, TNO, SAE, PMU, TC, BRAC-30
	2.2 Thana level stakeholders oriented and plan of action developed.	- No of seminars organized at thana level	28 seminars					2 days	TNO, SAE, TEO, ATEO, THFPO, TFPO, UP CHAIRMEN, HI, NGOs, BRAC-30
	2.3 Union level stakeholders oriented and plan of action developed.	-No of seminars organized at union level	296 seminars					2 days	UPC, UPM, AHI, HA, FPI, FWV, FWA, ATEO, IMAMS, TEACHERS, NGOs

TRAINING COURSE	OUTPUT	PERFORMANCE INDICATORS	TARGET					DURATION	NATURE & No. OF PARTICIPANTS
			1st	2nd	3rd	4th	5TH		
									BRAC-40
<b>IMPLEMENTATION PERIOD</b>									
1. Training of Trainers	1. Internal capacity developed for providing training on safe water, sanitation and hygiene campaign.	No. of trainers trained	28 selected trainers.					2 wks	Trainers
2. Basic training	2. Training of staff on hygiene promotion undertaken and annually reviewed.	No. of NGO workers trained		575	575(R)	575(R)	575(R)	2 wks refresher- 1 day	NGOs field workers, field supervisors, thana supervisors.
3. Training course for 1) DPHE field workers, 2) Union parishad members 3) Health workers, 4) Education workers 5) Religious leaders 6) NGO/ CBO workers	3.1 Training modules designed for different stakeholders. 3.2 Personnel from GOB, UP, CBOs, health and education department mobilized in project activities.	No. of training modules.  Personnel trained - DPHE staff - NGO/ CBO staff - UP members - religious leaders - health and FP workers - teachers		1000 1000 1000 100 1000 1000	1000 1000 1000 200 1000 1000	1000 1000 1000 200 1000 1000		2 days 2 days 2 days 2 days 2 days 2 days	DPHE staff - NGO/ CBO staff - UP members - religious leaders - health and FP workers - teachers
4. Training of village animators on development	4.1. Capacity for social mobilization	No. of village animators trained		1000 (N)	1000 (R) 2000	3000 (R) 2000	5000 (R)	Basic- 6 days Refresher- 1 day	Village animators

TRAINING COURSE	OUTPUT	PERFORMANCE INDICATORS						PARTICIPANTS
			1st	2nd	3rd	4th	5TH	
	sanitation project enhanced.							
9. Training on supportive supervision	9. Staff commitment for quality service delivery reinforced	No. supervisors trained.	90					1 wk Field supervisors
10. Training on Management Information System	10. Conceptual understanding and application skills about MIS developed	No. of managers trained		60				1 wk Senior and mid-level managers
11. Primary health care management	11. Conceptual understanding and practical skills on operational management of a community health care project developed and reinforced.	No. managers trained		100				2 wks Thana coordinators, field supervisors, district coordinators.
12. Gender awareness and analysis course	12. Skills for application of gender concept in sustainable development program developed.	No. of managers trained			100			6 days Thana coordinators, field supervisors, district coordinators.

TRAINING COURSE	OUTPUT	PERFORMANCE INDICATORS	TARGET					DURATION	NATURE & No. OF PARTICIPANTS
			1st	2nd	3rd	4th	5TH		
communication	enhanced among village animators and communication materials used effectively. 4.2. Their performance renewed annually				(N)	(N)			
5.Orientation on tubewell maintenance and caretaker's responsibilities	5. Local capacity on maintenance of the waterpoints enhanced.	No. of caretakers trained		8000	14000	14000	14000	1 day	Caretakers of the waterpoints
6. Training for private latrine producers	6. Local capacity to meet internal demand for latrines enhanced.	No. of private producer trained		75	150	150		2 wks	Private producers
7. Management development training	7. Management skills and professionalism developed among managers and development practitioners	No. of managers trained	60					2 wks	Senior and mid level managers
8. Financial management course	8. Skills necessary to describe technical aspects of financial management of water supply and	No. of managers trained	60					1 wk	Accountants, project managers, Thana coordinators.

## Behaviour Change Communication

Activities	Output	Target			
		2nd	3rd	4th	5th
Courtyard meetings(monthly)	Adequate health education ensured for the target population and people motivated to invest in the environmental sanitation.	5600	11,200	11,200	11,200
Village level meetings(3 monthly)		5600	11,200	11,200	11,200
Union level meetings(6 monthly)		5600	11,200	11,200	11,200
SocMob events by UP chairmen/ members with hard core poor(monthly)		1000	2000	3000	3000
SocMob meetings in weekly Friday Prayers(monthly)		100	300	500	500
Hygiene promotion related discussion held at EPI outreach/satellite clinic, UHC and THC(monthly)		1000	2000	5000	5000
Hygiene promotional activities undertaken at group meetings of different NGOs(monthly)		1000	2000	3000	3000
Women/ men group meetings by village animators(monthly)		1000	3000	5000	5000



## Course outlines

### **Inception workshop:**

- Project :- goal, objectives and strategies
- Inception process:- Baseline survey, follow-up procedure and monitoring and evaluation.
- Local resource mobilization.
- Cooperation and coordination
- WATSAN committee formation.

### **Orientation and planning workshop**

- Project :- goal, objectives and strategies
- Local resource mobilization.
- Cooperation and coordination
- Application procedure for water points
- Baseline survey for private latrine producers
- Yearly implementation plan.

### **Training of trainers**

- Learning theory
- Training cycle
- Training methodology
- Training materials
- Effective facilitation.

### **Basic Training for NGO workers**

- Environmental health and hygiene.
- Safe water and sanitation.
- Disease transmission through water and faeces.
- Water borne diseases and their consequences.
- Coastal belt rural water supply and sanitation project.
- Human relationship development, interpersonal and group communication.
- Motivation and school hygiene awareness program.
- Social mapping of underserved and unserved pockets of waterpoints.
- Health resource and social mobilization, conducting group meetings.
- Work plan, recording and reporting.
- Identification and support for private latrine producers.
- Training for caretakers of waterpoints.
- Monitoring, supervision and evaluation.

### **Training course on hygiene awareness and promotion( DPHE workers, NGO workers, teachers, health and FP workers)**

- Environmental health and hygiene.
- Safe water and sanitation.
- Disease transmission through water and faeces.
- Water borne diseases and their consequences.
- Coastal belt rural water supply and sanitation project.
- Human relationship development, interpersonal and group communication.
- Motivation and school hygiene awareness program.
- Social mapping of underserved and unserved pockets of waterpoints.
- Health resource and social mobilization, conducting group meetings.
- Work plan, recording and reporting.
- Identification and support for private latrine producers.
- Training for caretakers of waterpoints.
- Monitoring, supervision and evaluation.

#### Training course on hygiene awareness and promotion (UP chairmen and members)

- Leadership style and team-building
- Problem solving, decision making, consensus building and conflict resolution.
- Sanitation situation and roles of UP members in safe water and sanitation campaign.
- Use of communication materials.
- Union wise work plan.
- Monitoring of sanitation activities.

#### Training course on hygiene awareness and promotion (Religious leaders)

- Religion and sanitation.
- Leadership style and team-building
- Problem solving, decision making, consensus building and conflict resolution.
- Sanitation situation and roles of religious leaders in safe water and sanitation campaign.
- Use of communication materials.
- Union wise work plan.
- Monitoring of sanitation activities.

#### Training course on development communication (village animators)

- Concept and approach of development communication.
- Interpersonal communication.
- Human relationship and behavior aspects of communication.
- Community participation and social mobilization.
- Use of IEC materials.

#### Orientation on tubewell maintenance and users' responsibilities. ( caretakers)

- Maintenance of hand pumps, platform and drainage system.
- Maintenance of pond sand filters and iron removal plants.
- users' responsibilities.

#### Training course on private latrine producers

- Current sanitation situation and roles of private producers.
- Technology of low cost latrine.

#### Development management course (senior and mid level managers) -

- Development concepts, sustainable development, health and development.
- NGOs in development.
- Dimension of development management - concepts, roles, functions and strategies.
- Organizational analysis- culture, development and change.
- Management techniques- Planning, monitoring, evaluation, analysis tools for problem solving, sensitivity analysis, financial decision making and strategic management.
- Health, sanitation and hygiene- demographic information, basic epidemiology in safe water and sanitation.
- Human relationship development, interpersonal and group communication.
- Motivation and school hygiene awareness program.
- Social mapping of underserved and unserved pockets of waterpoints.
- Health resource and social mobilization, conducting group meetings.
- Work plan, recording and reporting.
- Identification and support for private latrine producers.
- Training for caretakers of waterpoints.
- Monitoring, supervision and evaluation.

### Training on financial management

- Definition of accounting, balance sheet, income statement, changes in financial position, Financial statement and budget.
- Financial management of safe water and sanitation program.
- Profitability of income generating project, interest rates on loans, breakeven analysis, delinquency management and cash flow management.

### Training on MIS

- Information and information system
- Management issue and management information system.
- System development process
- Information system technology.
- Development of simple MIS.

### Training on supportive supervision competency

- Basics of management
- Supervisory skills:- planning, supportive supervision, monitoring, communication, motivation, material management, finance and accounts.
- Supportive skills:- staff development, problem solving, decision making, team building.
- Cost analysis:- cost analysis and its implication, process of cost analysis and financial decision.
- Organizational values:- classification of values, role of values in project development.
- Implication of supportive supervision in sanitation program.

### Primary health care management

- Health and development.
- Primary health care:- concepts, background, elements and strategy.
- Epidemiological approach in public health.
- Health management:- concepts, styles, functions and strategy.
- Health planning:- community needs assessment, objective setting, resource mobilization, priority setting, broad programming, budgeting, operational planning.
- Health care project management.

### Gender awareness and analysis course

- Concept of gender.
- Socially determined roles and responsibilities of men and women.
- Cultural interpretation of sex difference.
- Systematic analysis of the social origins of the historical subordination of women.
- Systematic analysis of the different impact of development policies and programs on men and women.
- Variations in gender identity and relationship across social groups and regions in Bangladesh.
- Current debates about gender roles and relations.
- Bangladeshi women
- Determinants (materials and ideological) of women status and identity in rural Bangladesh and value of women's roles or work.
- Identification of roles, institutions and sphere of activities from where women are excluded in rural Bangladesh.
- Distinctive features of gender relationship in rural Bangladesh.
- Common findings on gender and sanitation campaign

### *2.5.3 Research and Evaluation Division*

Established in 1975 as an independent unit, BRAC's Research and Evaluation Division (RED) has played a crucial role in designing BRAC's development initiatives and assessing the impact of these initiatives. It has over the years provided requisite research support to its Programs through undertaking baseline surveys, pilot studies, monitoring and evaluation studies, action research, diagnostic studies, demographic surveillance and impact studies. RED also undertakes joint studies and collaborative research with national and international research institution and UN bodies on subjects related to development. The research findings of RED have been widely used by BRAC management both at policy level and Program implementation. Like other divisions in BRAC, the RED has a Director under whom there are a number of study groups (e.g. micro-credit, social development and training, BRAC-ICDDR,B joint research project, social science and immunization, education and environment etc.). In addition, the Editing and Publication, and Administration and Data Management working groups provide necessary support to research activities. RED has a number of field research stations located in different parts of the country to facilitate data collection activities.

The RED research covers a wide range of disciplines such as health, nutrition, environment, demography, economics, sociology, education, anthropology and gender. At present there are 45 full-time researchers working at RED. RED believes in high quality research through establishing national and international linkages in research and training. The RED regularly publishes the research findings in national and international journals, and also in the form of research monographs, newsletter and newspaper articles and internal reports. The RED has special strength in conducting health research, and in particular, water and sanitation studies. Currently RED is doing a study on impact of activities of NGO Forum in country's water and sanitation. This Division will implement the research and monitoring components under the proposed project. A list of water and sanitation related study is given in Annex 18.

**List of major BRAC/RED Research in Water and Sanitation**

1. Health, Family Planning and Sanitation practices in rural Bangladesh: A baseline survey of 10 villages.
2. Hygiene practices in three regions of Women's Health and Development Programme areas.
3. Water use, sanitation practices and personal hygiene behaviour in three region of Women's Health and Development Programme Areas.
4. Selling latrines to poor: how effective it is?
5. Raising sanitary latrine use in rural Bangladesh: can BRAC play role?
6. Household sanitation and hygiene practices of BRAC member and non member households: evidence from Matlab, Bangladesh.
7. Village Health workers can test tubewell water for arsenic.
8. Monitoring report of the arsenic testing programme at Hajiganj thana.



## Reference

1. Project document on Coastal Belt Rural Water and Sanitation Project.
2. Agreement document for urban water supply & sanitation.
3. BRAC / Report, 1998
4. Annual Report, 1998 for BRAC Training Division
5. HAPIC Report for UNICEF, 1999
6. BRAC Monitoring Report April - June 1999
7. BRAC-ICDDR,B Research Project at Matlab, Bangladesh, 1995
8. Research Report, BRAC 1998
9. Near Miracle in Bangladesh, UPL 1991.

#### **2.5.4 Accounts and Audit**

The Accounts and Audit Department forms an integral part of the BRAC's program management system. It is also an important support service, reaching the fund to the programs in right time, in right volume and in right flows is the major responsibility of the department. It also administers and upholds the financial discipline within organisation.

By ensuring proper utilization of funds through periodic and end of project audit, this department exercises the needed management control. Fund generated domestically as well as through external assistance are monitored, accounted for and made available to various programs for support their activities.

#### **2.6 BRAC's Experience in Health Sector**

BRAC's involvement in health sector started from its very inception and expanded over time. BRAC's health Program aims to achieve a sustained health impact through reducing maternal, infant and child mortality, and fertility; and by improving the nutritional status of children, adolescents and women. To achieve these goals, BRAC provides critical services in reproductive health and disease control (including safe water and sanitation), mobilizes women in health activities through training, and collaborates with the public sector in implementing national Programs of common interest. A brief description given below traces the growth and evolution of BRAC's health Program.

In 1972, BRAC's entry into the health sector began with the setting up of health care centres in the Sulla area where it was engaged in resettling the displaced families following the War of Liberation. During 1973-75, along with the changes in its approach from relief to community development, its health Programs were further defined. The activities that were introduced during this period included health care, nutrition, family planning, mother care, and provision of health insurance. These activities were an integral part of BRAC's multisectoral village development Program in vilalges of Sulla



thana based on the concept of 'barefoot doctors' of China. BRAC selected volunteers and trained them to work as paramedics.

In 1975, with further broadening of the spectrum of BRAC's activity under its Manikganj Integrated Program, health care became an important component of development inputs along with sericulture, income and employment generation, women's development, etc. In 1977, with the change of BRAC's approach from community development to 'target group', the health strategies were further redefined. BRAC decided to train village health workers, known as shastho shebika, from among the target groups to render basic preventive and curative health services.

In the late 1970s, the issue of diarrhoea was receiving high priority in Bangladesh because of its being the number one killer of children. To combat diarrhoea, BRAC initiated a pilot experiment in three upazilas of greater Sylhet district. Through this Program, BRAC innovated an alternative method of making ORS which was safe, cheap, readily available and could be prepared at every home with local ingredients -- water, common salt, and molasses.

In 1980, based on the experiences gained through the pilot experiment, BRAC began its pioneering nationwide Oral Therapy Extension Program (OTEP). It was a gigantic effort. By the end of 1990, BRAC workers reached some 13 million rural households, teaching one woman in every household through face-to-face sessions. Opinion leaders of the community and local institutions (union parishad, school, mosque, etc) were also involved and mass media (radio and television) were used for wider impact of OTEP.

The OTEP has been considered a quantitative as well as a qualitative success. ORT is now an accepted part of the treatment of diarrhoea throughout the country. The house-to-house ORT teaching has an effect in reducing child mortality. In 1986, before the end of OTEP, BRAC undertook a more comprehensive Child Survival Program (CSP), working with the government Expanded Program on Immunization (EPI) and worked to develop a workable model of sustainable comprehensive primary health care that would

be managed by the community in conjunction with the government health and family service delivery system. In Immunization Program BRAC was involved in 124 upazilas under 18 districts of Rajshahi and Chittagong Divisions. The health teams assisted the government field level workers in EPI target population registration, EPI session management and card distribution, and trained the government workers and volunteers on social mobilization. During the CSP period, BRAC workers conducted 62,772 male seminars, 12,356 mosque forums and 814 village doctors' seminars. Besides, they imparted training on social mobilization to 10,206 government health and family planning workers and 22,590 volunteers.

BRAC's involvement in the EPI has been highly rewarding. A recent survey conducted jointly by the donor agencies (UNICEF, WHO, SIDA) and the government revealed that the Universal Child Immunization (UCI) was achieved for all antigens in Rajshahi Division where BRAC assisted the EPI activities. Studies have further determined that the EPI coverage was highest in the areas where BRAC worked.

In 1991, with the successful completion of CSP, BRAC introduced a more concentrated intervention in the health sector, known as the Women's Health and Development Program (WHDP). Having a community-based approach, WHDP was aimed to improving the quality of life, particularly in terms of health status among the most vulnerable and neglected segment of the society. WHDP proved to be yet another successful endeavour the success of which lies heavily upon BRAC's vast experience in health, nutrition and family planning education at the village level. Moreover there were education forum where there were small group teaching of women and Mother Clubs. Unified messages were conveyed, using mass media and interpersonal means with view to synergistic effects.

At present BRAC is implementing four major health Program each with a specific goal and distinct character. The Programs are i) Reproductive Health and Disease Control (RHDC), ii) Health and Family Planning Facilitation Program (H&FPFP), iii) Nutrition Facilitation Program (NFP) and the 4<sup>th</sup> Program is the Essential Health Care (EHC)

**Program.** The EHC Program provides a selective mix of basic health interventions linked to rural credit and enterprise development. The primary objective of this Program is to provide an essential package of health services, mainly through Community Health Volunteers, commonly known as Shastho Shebika (SS). The SS is selected from among the BRAC organised women's credit group. They are trained to identify and cure some common diseases, refer patients who need professional care to BRAC Health Centres/formal health centres, and provide services on family planning and rural sanitation. Increasing the health and nutrition awareness of the beneficiaries is another important task of the SS.

## **2.7 Brief description of experiences in executing similar project**

BRAC has been contributing to improve the country's health status since its early years of operation. It has undertaken some important health Programs during the last five years aiming to create awareness among rural poor about health and hygiene issues through communication and education. These are summarised below (for details, see ANNEX 1)

### **• Water and Sanitation Promotion under EHC**

Although a considerable coverage has been achieved in the water supply sector, yet only 38% of the people use tubewell water for household purposes. Only 40% of the households have hygienic latrines and the rest are defaecating in open space, causing severe environmental pollution by disposing 20,000 metric tons of human faeces. Their unhealthy practices with respect to personal and domestic hygiene give rise to many diseases. To change the scenario, EHC provides two types of services (1) Behavioural changes through raising health awareness, and (2) supply sanitary materials to Program participants. Usually health education is given through different types of courtyard sessions such as *gram shabha* (village meetings), monthly meetings, *masjid* meetings, etc. Moreover, theatrical plays which has proved to be an effective way of reaching the rural minds are used. Every field office of BRAC at thana level has the facility to produce slab rings with the assistance of DPHE. Two to three BRAC credit

group members are trained in slab ring production. Around three to five slab ring latrine production centres are established in each area. BRAC provides each working area office with Tk. 50,000 as a revolving fund for manufacturing the slab rings. BRAC also provides credit to its group members an amount of Tk. 1,000 for purchasing slab latrine. The shebikas promote the sales of slab rings to the villagers. She also encourages the villagers to use safe water for domestic and personal uses.

- **National sanitation program**

The government of Bangladesh launches different types of project/activities to improve water and sanitation situation in Bangladesh. One such project was to increase national sanitation coverage. BRAC participated in this project through NGO Forum. The project intended to provide support services in terms of software and hardware to partner NGOs and CBOs to implement water and sanitation activities at grassroots level. Changing sanitation and hygiene behaviour was one of the important objectives of the Program.

BRAC was to install 27,500 set (5 Ring + 1 Slab) latrines. It held meetings with the community stakeholders to familiarize the project concept of improving community health status. With their cooperation, BRAC held courtyard sessions to educate community people about the crucial issues of health and hygiene. After creating awareness it motivated people to buy slab latrine at a subsidized rate. It should be mentioned here that the government subsidized Tk. 200 per latrine installation to the beneficiaries.

- **Post flood rehabilitation project**

After the devastating 1998 flood, the country's sanitation system was severely damaged. Latrines were washed away and tubewells got salinated. BRAC participated in the post flood rehabilitation project aimed at reinstating the water and sanitation infrastructure and post-disaster hygiene intervention, being initiated by DPHE and

UNICEF. Under the post flood rehabilitation project, UNICEF made provisions for 82,572 sanitary latrines to the 20% of the severely affected households. The implementation was done through the involvement of union parishad. DPHE and BRAC acted as facilitators and extended all possible support to union parishad to implement the project effectively. Social mobilization campaign at thana, union and ward level was conducted through miking, orientation meetings, courtyard meetings, video shows folk cultural shows etc., re-programmed the post-flood motivational campaign. Beneficiaries were educated about health hazards that likely to occur in post-flood periods as sanitation latrines get destroyed and washed away and tubewells got flooded. Through such education the beneficiaries were motivated to apply for slab latrines. BRAC organized and conducted thana, union and ward level meetings, miking, selection, distribution, installation, and monitoring of the project.

- **Social mobilization for sanitation, hygiene, and safe water use**

Initiated by NGO Forum for Drinking Water Supply and Sanitation (DWSS) and UNICEF, BRAC contributed in the software component of the project of Social Mobilization for Sanitation, Hygiene, and Safe Water Use. The project covered 29 districts of Bangladesh.

The project covered all sectors of stakeholders (local government representatives, religious leaders, schoolteachers, etc.) and conducted meetings and workshops where health and family planning issues, safe hygiene practices and environmental sanitation were discussed. Nine hundred and thirty-one union WATSAN Committee meetings were organized. Ten Imam orientation sessions and 89 school's teacher and management committee members' orientation workshops were held to promote social mobilization through religious institutions, junior and high schools respectively. A total of 170,697 slab latrines were installed and 100% sanitation coverage was ensured in 120 villages.



- **Testing for arsenic in tubewells installed in the 1997- 98 fiscal year**

DPHE and UNICEF undertook a project to test arsenic in tubewell that were installed in the 1997-98 fiscal year. The project covered all the tubewells installed in 1997-98 all over Bangladesh. BRAC was invited to participate in the project. BRAC was to find out the level of arsenic contamination in approx. 12,604 tubewells installed by the DPHE, in the 1997-1998 fiscal year and ensure quality control of arsenic testing.

Field level investigation for arsenic contamination in tubewell water was conducted by 120 field investigators recruited on short-term basis by BRAC. Five percent of the tested tubewells were re-tested by the supervisors, and 5% of the tested tubewell water samples were sent to the laboratory for further analysis by Atomic Absorption Spectrophotometer. A total of 12,604 tubewells were tested by using NIPSOM field kit and it took about 35 days to complete the field level testing work which again confirmed the effectiveness of the methodology used by BRAC in carrying out arsenic testing. After identifying the contaminated tubewells, BRAC had sessions with the community and educated them about arsenic contamination and its effects. Visual illustrations were shown to the village people so that they understood adverse implications entailed while using arsenic contaminated water. BRAC educated the community about the possible options of usable water and how they should filter and purify it before using or even drinking. Three environmental researchers of BRAC were involved in running the project activities.

## Community based arsenic response

DPHE and UNICEF undertook the Community - based arsenic response project in Boidder Bazar Union under Sonargaon thana in Narayanganj district. BRAC assisted DPHE and UNICEF in this project. The objectives of the project were to test arsenic contamination in all the tubewells of the Boidder Bazar union, to provide alternative safe water options and motivate the people in using alternative safe water sources.

One thousand one hundred and ninety tubewells were tested under the project among which 729 (61.26%) were found above permissible level. BRAC advocated four alternative safe water options: (1) treatment of ground water with home-based candle filters, (2) treatment of surface water with Pond Sand Filter (PSF), (3) collection of rain water by Rain Water Harvester (RWH), and (4) use of shallow ground water through dug wells. These options were assessed on several criteria - initial and running costs; ease of implementation, running and maintenance; continuity of supply; susceptibility of bacteriological contamination and acceptability to the community. A total of 2 PSF and 10 RWH were constructed and 30 Shofa filters were distributed free of cost among the villagers in the project area. The severely affected villages were selected to organize village meeting to create awareness among people. The communication materials used by BRAC include poster, leaflet, stickers and booklets. Weekly monitoring of drinking water quality of these options was carried out. Water samples were sent to ICDDR,B for bacteriological test every week.

Three Environment Researchers of BRAC are supervising the project objectives.



- **Action research on community-based arsenic mitigation**

Similar to the above-mentioned projects, this project was also initiated by DPHE and UNICEF with the same objectives as described for the earlier project. BRAC contributed to the project as a partner. The project was undertaken in Sonargaon thana and Jhikargacha thana under Narayanganj and Jessore respectively.

Eighty Village Health Workers (VHWs) of BRAC in each thana conducted the field level testing for arsenic in water of all the tubewells of the two thanas. There are 11 unions in each of the two thanas with approximately 40,000 tubewells. Till October 27, 1999 a total of 22,368 tubewells have been tested, 60% were found contaminated on an average in the two thanas. The severely affected villages were selected to organize village meeting to create awareness. Resource mapping was done in those selected villages to locate both contaminated tubewells as well as tubewells which could be used as alternative safe water sources. The communication materials include poster, leaflets, stickers and booklets. The alternative safe water options advocated are: (1) treatment of ground water with homestead candle filters, (2) treatment of surface water with Pond Sand Filter (PSF), (3) collection of rain water by Rain Water Harvester (RWH), and (4) use of shallow ground water through dug wells. Drinking water quality of these options are being monitored. Water samples are being sent to ICDDR,B and Khulna DPHE laboratory for bacteriological tests. .

- **Hygiene awareness and product information campaign (HAPIC) simulation**

HAPIC is a project of DPHE and UNICEF aimed to reduce mortality, morbidity, and malnutrition due to diarrhea and other water borne diseases, especially among women and children through behavioural change communication and social mobilization. BRAC participated in the initial project simulations making significant contributions.

BRAC, the facilitating and training agency was responsible to conduct HAPIC Simulation at grassroots level and to cooperate and coordinate with govt., local Govt. and NGOs. Under the project, BRAC conducted workshops at all levels of the local government hierarchy. It arranged six training sessions for the stakeholders. Discussions were held at EPI centres and SC centres to encourage the health workers to deliver the same message, thus creating a synergistic impact in awareness building. Religious leaders were also encouraged to deliver the same message during religious discussions and forum. BRAC held 30 masjid meetings, and another 18 meetings were held with UP members. BRAC arranged 2 video shows, 4 demonstration fairs, and 4 folk culture shows. BRAC communication aims to create awareness with a holistic approach that encourages all stakeholders, thus creating a synergistic effect. It should be mentioned that BRAC held 302 courtyard sessions covering 4,725 participants.

- **Non formal primary education program**

Under Non Formal Primary Education Program(NFPE), BRAC imparts primary education to the under-privileged children of the country who cannot enroll themselves in formal schools. The Program has several courses under which one is social studies. One of the primary focuses of this course is water and sanitation. Through such focus, the Program intends to not only socialize the children about safe water usage and hygienic sanitation practices, but also internalize the habits in their daily life activities. The children are in turn envisioned to spread such learnings in their homes. Moreover, parents are also communicated about the water and sanitation issues and asked to inculcate such habits as well during parents' meetings. The activities are not confined to imparting education. Field tests are conducted to check whether the students are actually practicing the habits. Such tests also verify the extent to which the habits are being socialized in the community. NFPE is covering 34,000 schools at present. Each school has 33 students on an average, with 70% girls. Providing education through 34,000 schools carry profound implications covering the whole community and inculcating the water and sanitation habits.

BRAC intends to contribute to the DPHE-DANIDA project on Coastal Belt Water and Sanitation Project through its Essential Health Care program in the capacity of software implementer. Thus, invited as one of the probable national NGOs to implement the software component of the project, BRAC presents this proposal in the light of its twenty-seven years of experience in community conscientization of health and sanitation issues.

### 3. Project Design

#### 3.1 *Understanding of the problems*

The coastal belt is defined by DPHE as the area where saline water from the sea has intruded either the shallow or the deep aquifers or both. In the coastal areas, groundwater is generally saline down to 250 metres. Consumer tolerance of salinity is very high. National standard for chloride for ground water for drinking has been set at 100 mg/l for coastal areas. There are about 85 thanas in 17 districts in the coastal belt of the country. The total population of coastal belt is approximately 13 million. However, all these thanas are not equally affected by salinity, some are partially and some fully affected.

The coastal belt is in several ways a disadvantaged area as it is exposed to frequent natural calamities such as 2-3 cyclones every year covering tidal surges, which result in wide-spread loss of life and property. The water and sanitation related consequences are : (i) latrines are damaged or washed away, ii) tubewell sites are flooded and water contaminated, and iii) some fresh water ponds get filled with saline water. Pre-monsoon diarrhoeal outbreaks are common in the coastal belt. The prevalence of diarrhoeal diseases among children under 5 is above the national average. Parts of coastal belt are relatively poor. Bagerhat and Khulna districts are defined by World Food Program (WFP) as most depressed districts. The settlements are often depressed and the infrastructure not well developed.

### Water sources and technology in coastal belt.

For reasons of quality and availability, ground water is the preferred source of domestic water, particularly for drinking. The high water table and favourable alluvial nature of ground water formations resulted in the development of rural water supply Program based on ground water sources in Bangladesh. However, one single technology for supplying drinking water to the rural people in coastal belt is not applicable because of salinity of ground water at different depth at different places. In some places fresh ground water source does not exist at all within the maximum depth (1,200 feet) that can be drilled by the available means. A range of technologies is, therefore needed. The list of technologies that are applied in coastal area is shown below in order of preference:

1. Deep tubewell (DTW)
2. Very shallow shrouded tubewell (VSST)
3. Shallow shrouded tubewell (STT)
4. Pond sand filter (PSF)
5. Rain water harvesting (RWH)

The above- mentioned preferences are being practiced in considerations of familiarity, reliability, and cost of investment, operation and maintenance.

Deep tubewell is very dependable and user friendly but investment cost is very high. It is preferred to VSST, SST, PSF and RWH, because of latter's relatively low reability in providing perennial services. Further, operation and maintenance of PSF is, to a considerable degree, complex and costly. Estimated extent of feasibility of different technologies in the affected coastal belt is shown below.

1. Deep tubewell (DTW): 70%
2. Very shallow shrouded tubewell (VSST): 10%
3. Shallow shrouded tubewell (SST): 3%
4. Pond sand filter (PSF): 70%
5. Rain water harvesting: 10%

For the whole country including coastal belt, unionwise information on feasibility of various technologies is available in the DPHE-UNICEF publication, "Actual Union-wise Population to Tubewell Ratio and Feasible Water Supply Technology" published in

December 1994. This is considered to be a good guideline for initial planning, but need to be reconfirmed through survey before actual final planning for implementation.

### **3.2 Intervention Site**

The 28 thanas selected for this project are those where BRAC has already established its development infrastructure and has an experienced implementing team for executing the proposed project. Following are the general conditions of the project area:

#### **3.2.1 General background**

The community where the project will be executed is poor and densely populated and the physical infrastructure is inadequate. The few schools that exist suffer from neglect and overcrowding and are unevenly distributed throughout the community; while roads, communication channels, excreta disposal and water supply systems are insufficiently developed. The settlements are often dispersed and infrastructure not well developed. This results in relative long walking distances to fetch potable water and, as a result, in less use of potable water. The *char* areas, i.e. recently emerged land consisting of deposited sediments transported by the rivers to the coast, have special problems such as low soil fertility and frequent flooding.

Safe water and sanitation services are provided through DPHE, local government, ministry of health, NGOs and other private organizations. All categories of institutions have their own professionals, including physicians, engineers, paramedics, motivators and field educators. Community sanitation workers serve as links between the government machinery and the community.

#### **3.2.2 Project area**

The coastal belt is defined as the area where shallow aquifers contain brackish to saline water. According to DPHE, coastal belt comprises 84 thanas with a total population of 15-20 million. The average population density is about 700 per sq. km. The coastal belt is regularly exposed to frequent natural calamities such as 2-4 cyclones every year with tidal surges, which result in widespread loss of life and property. The Coastal Belt

Rural Water Supply and Sanitation Project will provide assistance to following 8 districts: Patuakhali, Barguna, Pirojpur, Jhalokati, Barisal, Laksmipur, Noakhali and Feni. The above-mentioned project area comprises rural areas of 28 thanas having 296 unions, which will be covered by the project activities over a five year period.

### **3.2.3 Environmental sanitation situation**

1. People are not as yet fully aware of the need for taking water from tubewells. Again, many tubewells go under water in the rainy season. That is a practical problem as is that of sanitation in rainy season. Latrines are normally made in the winter season and at that time the tendency is to place these on low land. Consequently these go under water in the rainy season.
2. Water borne diseases like diarrhoea, dysentery and cholera are rampant here. These diseases occur throughout the year. One would not find here even a single person not suffering from one gastronomic disease or the other. Every year diarrhoea occurs in an epidemic form especially after a disaster like flood, claiming a number of lives.
3. The people of the area are generally ignorant of the need for maintaining cleanliness and taking care of one's health.
4. Ringslab type latrines are being provided by DPHE through union parishad to families who live on their own land. Some local NGOs also promoted the use of sanitary latrines in the area. Due to the extensive motivational work undertaken by the government and NGO health officials with the active participation of the local union parishad members, political leaders, social workers, teachers and religious leaders, health and hygiene situation in the thana had much improved. At present about 32% houses in entire thana use some type of latrines.
5. Following are the water and sanitation related consequences of frequent natural calamities such as cyclones and tidal surges:
  - latrines are washed away or damaged,



- tubewell sites are flooded and tubewells are contaminated, and
- some fresh water pond gets filled with saline water, depriving the population from even this source of water.

### **3.3 Target population**

The project intends to work extensively with all the estimated 1550,000 families in 29 unions of 28 thanas of the coastal belt. Of them, approximately 700,000 will be marginal poor families. As the more well-off families already have more access to proper sanitation and safe drinking water, concentration will be upon the poor. For tubewell site selection special emphasis will be given to poor communities without access, at present, to safe drinking water.

Reaching the target group(s) will involve development of specific strategies targeting women, children, school children and men within the project area. The size of the primary target population is to approximately 7.6 million. A special target group will be personnel involved in project implementation, who will benefit from the project's training and skill development activities.

### **3.4 Goal and objective of the project**

The goal of the project is to improve health conditions of the population residing within the project area. As a result of this intervention they will get rid of a vicious cycle of inadequate environmental sanitation, frequent illness, malnutrition, loss of productivity and poverty. The intervention will be implemented on the concept that good health and sanitation among community people, especially women and children, will enhance.

#### **Project purpose**

BRAC will work with the of project partners achieve universal coverage of safe water and sanitation for all families in the thana by creating, promoting and strengthening community capacity through an integrated approach. Integrated approach, is intended to integrate sanitation and hygiene education into tubewell and sanitary latrine program for:



- The use of safe water from tubewells for all purposes.
- The use of water-sealed latrines for both defecation and urination of all, including children.
- Personal hygiene (washing hands by using safe water with soap or ash after defecation applies for all including children)
- Food hygiene (washing hands before preparing, serving and feeding meals).

Since the project will be working on a certain strategy, the program-specific results of the program will be as follows:

- Increased coverage with fully accessible and functional water supply facilities.
- Increased operation and maintenance capability of the population receiving caretakers' training.
- Increase in sanitation coverage by creating demands for sanitation and activate hardware machinery to respond to this demand.
- Increase hygiene awareness.
- Improved behaviour pattern in the use of safe water and sanitary facilities.
- Strengthened capacity of partners as per their comparative advantages to provide sustainable water supply, sanitation facilities and hygiene promotion to rural population.

### **3.5 Project components**

#### **Inception period:**

Staff recruitment and management structure  
 Inception workshop  
 Identification and selection of Field NGOs  
 Baseline survey and development of monitoring system  
 Planning and orientation workshop for partners  
 Operational strategy and plans

#### **Implementation period:**

Water supply program  
 Identification of unserved areas for water supply assistance  
 Protection of water supply during disasters

- Establishment of a mechanism to maintain water points
- Training of maintenance responsibilities
- Training of mechanics

#### Sanitation program

- Establishment of sanitation production centres
- Training of sanitation production workers
- Promotion of home-made latrines

#### School Sanitation program

- Training of teachers and school management committee
- School seminars on environmental sanitation
- Sanitation and water supply infrastructure support

#### Training and hygiene promotion

- Alliance building workshops and seminars
- Capacity building training
- Management development training
- Publicity
- Behaviour change communication

#### Research and Evaluation

#### Phasing out period

- Hand over all activities to local government bodies, communities and local NGOs
- Sustainability study

#### **4. Implementation strategy:**

Implementation strategy is illustrated in Annex 3.

#### **5. Urban program on software aspect**

The urban intervention will be carried out in accordance with the provisions of the agreement signed in April 1990 between Government of Denmark and the Government of Bangladesh. Under this project water supply and sanitation support will be provided in district and thana headquarters of Patuakhali and Barguna districts in Patuakhali sub-area as well as Noakhali, Laksmipur and Feni districts in Noakhali sub-area. The overall objective of BRAC's intervention in urban component is to improve behavioural pattern of the beneficiaries with respect to water use and environmental hygiene. BRAC is interested to implement the software activities of urban water supply and sanitation project in collaboration with DPHE and DANIDA. If selected, BRAC will work in urban intervention as a national NGO and provide technical, training, research, social mobilization and coordination assistance to program implementing agencies in all thanas. In selected thanas BRAC will act as a field NGO, where it has its own physical infrastructure and implementing team. In absence of its local area teams, BRAC will select local NGOs by using a selection checklist explained earlier in the rural component for grassroots implementation of the project. Local NGO will submit their proposal with budget and BRAC will add 10% of the budget as overhead expenditure to cover its program implementation cost.

## NGO's REFERENCES (I)

NGO's Name : BRAC

Assignment Name: Essential Health Care under Rural Development Program.		Country: Bangladesh
Location within Country : 29810 villages, 357 thanas or 64 district of Bangladesh, Population covered: 36 million (Existed 38 BRAC offices and 5 Regional offices in 27 Coastal thanas)		Professional Staff Provided by the NGO (Profile) : 68
Name of Client: Rural Development Program of BRAC		No. of staff: 796
Address: BRAC Centre, 75 Mohakhali, BRAC		No. of Staff months, Duration of Assignment: 9 years
Start Date (Monthly/Year) 1991	Completion Date (Month/Year) Till date	
Name of Associated NGO, if any: Not applicable		Approx. Value of services Tk. 300 million
Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved Functions performed:		
<div style="display: flex; justify-content: space-between;"> <div> 1. Aminul Alam, DED – Project Director  2. Jalaluddin Ahmed, PC – Coordinator </div> <div> 3. Shah Noor Mahmud, SS – Team Leader  4. A. Khaleque, RM – Team Leader  5. Dr. Shamim Ahmed, MO – Team Leader  6. Bazlul Hoque, SS – Team Leader  7. Nasima Hoque, SS – Team Leader </div> </div>		

**Narrative Description of Project:** Under the 'Essential Health Care' Program safe water supply and household sanitation is one of the vital components. The specific objectives of water and sanitation program are (a) to increase the proper and sustained use of hygienic latrines among rural families (b) to increase hygienic hand washing (c) to increase the use of safe water for all domestic purposes. It is being now implemented on 29810 villages covering 36 million people. BRAC included water and sanitation component in its health Program because (1) although tubewells are the source of drinking water for 96% of people, only 26% of the people use this water for all purposes. (2) rural sanitary latrine coverage is only 38% resulting in polluted environment (3) domestic and personal hygiene practices are too low for prevention and spread of diarrhoeal diseases. The Program emphasis on development of community awareness and capacity building at different levels through training of workers, school students, religious and opinion leaders. In implementing this program, a pivotal role is played by the trained community health volunteers (Shatho Sebika) who help in generating demand and match the "supply". BRAC staff in cooperation with Shatho Sebika conduct four education sessions per day on education sessions and household visits, the staff and Shatho Sebika look at the following issues: installation and maintenance of hygienic latrine and tubewell. They also educate people on the use of soap/ash in hand washing after defaecation, pouring adequate water to the slab latrine, disposal of baby's feces in safe places right hand use for carrying badna, sandle use and use of tubewell water for all domestic purposes.

The Program is designed in such a way that, alongwith imparting health education, materials for tubewell and latrine are also supplied. In every area offices 3 to 5 centres produce slab rings, that has been established in the most remote and inaccessible areas of the country with the assistance of DPHE and NGO Forum.

There is close coordination with the government and with other primary health care elements like diarrhoea control. BRAC extends credit support to the BRAC participants those who are unable to procure tubewell and slab latrines by their own resources. There is a steady progress among the project's target population in the installation and use of tubewell and latrine. Main features of the Program. Linkage with credit, involves community, incentive system of community volunteers, collaboration with government and other NGOs, simple and affordable.

**Description of Actual Services Provided by Your Staff:** During the year 1998 the following achievement held:

* Health Education Forum Held	:	216,378
* No. of women participated	:	4.6 million
* No. of slab latrine installed	:	226,442
* Cumulative as of September, 1999	:	925,123
* No. of hand tubewell installed	:	37,115
* Cumulative as of September, 1999	:	238,926
* Drinking water by tubewell	:	98% (6)
* Washing hand before taking food	:	92% (7)

NGO's Name : BRAC

Assignment Name: Hygiene Awareness and product Information Campaign (HAPIC) Simulation		Country: Bangladesh
Location within Country: Palashbari and Barisal union of Palashbari thana under Gaibandha district.		Professional Staff Provided by the NGO (Profile) : 3
Name of Client: UNICEF, DPHE		No. of staff: 6
Address: WES Section, UNICEF, Dhaka DPHE Bhaban, 14 Capt. Munstur Sarani, Kakrail, Dhaka		No. of Staff months, Duration of Assignment: 3 months
Start Date (Monthly/Year) April, 1999	Completion Date (Month/Year) June, 1999	
Name of Associated NGO, if any: Proshika, ASA, Nijera Kori and Polly Agragoti Sangstha		Approx. Value of services. 2,96,000.00 Taka
Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved Functions Performed: Mr. Jalaluddin Ahmed, Program Coordinator – Project Director Shah Noor Mahmud, Sector Specialist –Coordinator Zakir Hossain – Team Leader		
Narrative Description of Project: BRAC, the facilitating and training agency was responsible to conduct HAPIC Simulation at the grass roots and to cooperate and coordinate with Govt., local Govt. and NGOs. The project was carried out effectively and efficiently by BRAC. Large number of workshops, training, meetings, courtyard sessions, popular theatres, demonstration fairs, video sessions, miking, rallies were organized in order to grow awareness in the minds of the community. Different HAPIC materials such as flashcard, posters, stickers, demo latrine showed in the various forums.		
Description of Actual Services Provided by Your Staff: BRAC staffs liaison, conduct, facilitate, organised different forums those are described below:		

Details of the Program:

Sl.#	Particulars	Target (Batch)	Achievement (Batch)
1.	Prepared workshop modules	3	3
2.	District planning workshop	1	1
3.	Thana planning workshop	1	1
4.	Union planning workshop	2	2
5.	Concluding workshop	1	1
6.	Union Parishad monthly meeting	6	6
7.	Organize different stakeholder training	6	6
8.	Miking	4	18
9.	Video show	2	2
10.	Rally	4	4
11.	Demonstration fair	2	4
12.	Folk culture show	2	4
13.	Meeting with VGD members	3	6
14.	Meeting with RMP members	3	6
15.	Meeting by UP Chairman	12	18
16.	Distribution of HAPIC materials for NGO latrine producers	2	2
17.	Distribution of HAPIC materials for Private latrine producers	2	2
18.	Masjid meeting	6	30
19.	Private producer setup	1	1
20.	Courtyard session by NGOs workers BRAC Prashika ASA Polly Agragoti Shangstha Nejera Kori	216	302 168 56 36 24 18
21.	Discussion in EPI Centre		78
22.	Discussion in SC Centre		22
23.	Monthly meeting of Health department		2
24.	Monthly meeting of Family Planning department		2
25.	Water user group meeting		12
26.	Fortnightly meeting of Family Planning workers		8
27.	Salish held by UP Chairman		61
28.	Salish held by UP members		92



Sl#	Particulars	Target (Batch)	Achievement (Batch)
1.	Training module	6	6
2.	Health and Family Planning Workers training	1	1
3.	Imams and Masjid Committee member training	1	1
4.	Private producers and mason training	1	1
5.	NGO workers training	1	1
6.	UP Chairman and Members training	1	1
7.	Total literacy movement (TLM) teacher training	1	1
8.	Types of follow-up checklist	5	5

Different NGO workers conducted large number of courtyard sessions in Palashbari and Barisal Union from April 1999 to June 1999.

Over the period there were wide discussions on usage of HAPI material, safe water, sanitation and healthy environment in the courtyard sessions.

In the below table all the sessions have been given listed with the names of the organizations and number of participants.

Sl#	Organisation	No. of courtyard sessions			Participant
		Palashbari	Barisal	Total	
1.	BRAC	88	80	168	4725
2.	Proshika	21	35	56	1579
3.	ASA	19	17	36	1095
4.	PAS	24		24	482
5.	Nijerakori	10	8	18	403
	Total	162	140	302	8284

### NGO's REFERENCES (3)

NGO's Name: BRAC

Assignment Name: Social Mobilization for Sanitation, Hygiene, and safe water use.		Country: Bangladesh
Location within Country: 29 district of Bangladesh.		Professional Staff Provided by the NGO (Profile) : 14
Name of Client: NGO Forum and UNICEF		No. of staff: 560
Address: NGO Forum for DWSS, 4/6 Block-E, Lalmatia, Dhaka and WES section UNICEF Dhaka		No. of Staff months, Duration of Assignment: 13 months
Start Date (Monthly/Year) March, 1998	Completion Date (Month/Year) March, 1999	
Name of Associated NGO, if any: Not applicable		Approx. Value of services. 3,779,000 (Taka)
<p>Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved Functions Performed</p> <p>Aminul Alam, Deputy Executive Director – Project Director</p> <p>Jalaluddin Ahmed, Program Coordinator – Coordinator</p> <p>Shah Noor Mahmud, Sector Specialist – Team Leader</p>		
<p>Narrative Description of Project: Objectives of the project were to:</p> <ul style="list-style-type: none"> <li>a) Enhance peoples awareness about the benefits of clean environment and safe hygiene practice and motivate them to use and personal hygiene practices.</li> <li>b) Sensitize leadership and policy makers about the problem of poor sanitation and hygiene to obtain necessary political commitments and support for effective and programmatic interventions.</li> <li>c) Make alliance with different partners and allies such as NGOs, school children, religious leader, elected representatives, local elites, Health and Family Planning workers etc. to initiative massive social mobilization activities and campaigns to promote safe water use, better hygiene practices and environmental sanitation.</li> </ul>		
<p>Description of Actual Services Provided by Your Staff: The project covered all sects of stakeholders and conducted meetings and workshops where health and family planning issues, safe hygiene practices and environmental sanitation were discussed. 931 number of union WATSAN Committee meeting were organized and conducted. 5 Imam orientation sessions and 89 school's teachers and management committee members' orientation workshops were taken to promote social mobilization through religious institutions, Junior and High schools. 170,697 slab latrines were installed and 100% sanitation coverage was ensured in 120 villages.</p>		

NGO's Name : BRAC

Assignment Name: National Sanitation Program		Country: Bangladesh
Location within Country : 29 district of Bangladesh		Professional Staff Provided by the NGO (Profile) : 3
Name of Client: NGO Forum for DWSS and NGO Bureau		No. of staff: 580
Address: 4/6, Block-E, Lalmatia, dhaka-1207 NGO Bureau, 1 Park Avenue, Ramna, Dhaka		No. of Staff months, Duration of Assignment: 7 months
Start Date (Monthly/Year) June, 1998	Completion Date (Month/Year) December, 1998	
Name of Associated NGO, if any: Not applicable		Approx. Value of services Tk. 5500000
Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved Functions Performed PD: 1) Jalaluddin Ahmed, Program Coordinator – Project Director 2) Abdul Khaleque, SS – Coordinator		
Narrative Description of Project: Objectives of the project were to: a) Conduct health forums for the people at all levels. b) Motivate people to use hygienic sanitation latrines. c) To ensure supply of latrines through production centres. d) To improve community health status through supply and slab latrines at subsidized prices.		
Description of Actual Services Provided by Your Staff: The government of Bangladesh launches different types of project/activities on water and sanitation. Under such activities one project was to Increase National Sanitation coverage. BRAC participated in this project through NGO Forum for DWSS to install 27,500 set (5 Ring + 1 Slab) latrines. BRAC held meetings with the community stakeholders to familiarize the project concept of improving community health status. With their cooperation, BRAC held courtyard sessions where it educated the community people about the crucial issues and health hygiene. After creating awareness it motivated the people to buy slab latrines at subsidized prices. It should be mentioned here that the government subsidized the Tk. 200.00 per latrine installation to beneficiaries. 25,700 set (Slab latrine) installed by BRAC		

## NGO's REFERENCES (5)

NGO's Name : BRAC

Assignment Name: Post Flood Rehabilitation Project		Country: Bangladesh
Location within Country: Sariatpur, Sirajgonj, Pabna, Manikgonj, Narshingdi, Kushtia, Kishoregonj, Jamalpur, Gaibandha and Natore district of Bangladesh.		Professional Staff Provided by the NGO (Profile) : 14
Name of Client: DPHE and UNICEF		No. of staff: 324
Address: WES Section, UNICEF, Dhaka DPHE Bhaban, 14 Capt. Munsur Sarani, Kakrail, Dhaka		No. of Staff months, Duration of Assignment: 7 months
Start Date (Month/y/Year) December, 1998	Completion Date (Month/Year) June, 1999	
Name of Associated NGO, if any: Not applicable		Approx. Value of services. 825,720 Taka
Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved Functions Performed : 1) Aminul Alam, DED – Project Director 2) Mr. Jalaluddin Ahmed, Program Coordinator – Coordinator 3) Shah Noor Mahmud, Sector Specialist – Team Leader		
Narrative Description of Project: Objectives of the project were to: a) Supervise and monitor implementation of project at community level. b) Motivate prospective and appropriate beneficiaries to practice health hygiene and sanitation discipline. c) Motivate prospective and appropriate beneficiaries to apply for the support of the project and also assist the beneficiaries in installation of the latrine through the involvement of its field level volunteers		
Description of Actual Services Provided by Your Staff: Under the post flood rehabilitation plan UNICEF made provisions for 82,572 sanitary latrines to the 20% of the severely affected households. The implementation was done through the involvement of the union parishad. DPHE and BRAC acted as facilitators and extended all possible support to the union parishad to implement the project effectively. Social mobilization campaign at thana, union and ward level was conducted through miking, orientation meetings, courtyard meetings, video shows, folk cultural shows etc., re-Programmed the post flood motivational campaign. Beneficiaries were educated about health hazards that likely occur in post flood periods as sanitation latrines get destroyed and washed away and tubewells get flooded. Through such education the beneficiaries were motivated to apply for slab latrines. BRAC organized and conducted thana union and ward level meeting, miking, selection, distribution, assisted 82572 set slab latrine for installation, and monitoring of the project		

NGO's Name : BRAC

Assignment Name: Non Formal Primary Education (NFPE) School and Kishoree club sanitation Program		Country: Bangladesh
Location within Country : All over the country in 34,000 (NFPE) schools		Professional Staff Provided by the NGO (Profile) : 15
Name of Client: BRAC education Program		No. of staff: 34,000
Address: BRAC Centre, 75 Moliakhali, BRAC DPHE, Government of Bangladesh		No. of Staff months, Duration of Assignment:
Start Date (Monthly/Year) 1984	Completion Date (Month/Year) To date	
Name of Associated NGO, if any: Not applicable		Approx. Value of services.
Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved Functions performed: Kaniz Fatema, Director.		
Narrative Description of Project: Objectives of the project are to: <ol style="list-style-type: none"> <li>Educate the primary school children about water and sanitation and to inculcate the habit of maintaining such practices.</li> <li>Conduct field tests to verify whether the school children are internalizing the habits of water and sanitation.</li> </ol>		
Description of Actual Services Provided by Your Staff: BRAC has non-formal primary schools where the children who cannot enroll themselves in normal schools are provided primary education. The children have a social studies course through which they are taught about water and sanitation issues. They are taught the health and hygiene practices. Their parents are also communicated about these issues so that the practices are inculcated within the children's home. Moreover the children are monitored through field tests to verify whether they are practicing the hygiene habits taught. 34,000 schools are teaching these issues to children all over the country striving to create a synergistic effect by covering the parents as well in parents' meetings and through field tests as well.		

## NGO's REFERENCES (7)

NGO's Name: BRAC

Assignment Name: Testing for arsenic in tubewells installed in 1997-98 fiscal year.		Country: Bangladesh
Location within Country : All over the country of Bangladesh		Professional Staff Provided by the NGO (Profile) : 4
Name of Client; UNICEF, DPHE		No. of staff: 123
Address: UNICEF, Bangladesh DPHE, Government of Bangladesh		No. of Staff months, Duration of Assignment: 4 months
Start Date (Month/Year) December, 1998	Completion Date (Month/Year) March, 1999	
Name of Associated NGO, if any: Not applicable		Approx. Value of services: Tk.900,000
Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved Functions Performed : Dr. AMR Chowdhury - Project Director, Mr. Jakariya - Team Leader Md. Zabeed Hossain, Salma Rahim Haque - Coordinator		
Narrative Description of Project: Objective of the project was to: a) Find out the level of arsenic contamination in approx. 12,604 tubewells installed by the DPHE, funded by UNICEF in the 1997-1998 fiscal year, b) Ensure quality control of the testing for Arsenic in tubewell water.		
Description of Actual Services Provided by Your Staff: Field level investigation for arsenic contamination in tubewell water was conducted by 120 field investigators recruited on short-term basis by BRAC. Among these investigators, 7 were engaged as supervisors to maintain the quality of the field level work. 5% of the tested tubewells were re-tested by the supervisors, and 5% of the tested tubewell water samples were sent to the laboratory for further analysis by Atomic Absorption Spectrophotometer. A total of 12604 tubewells were tested by using NIPSOM field kit and it took about 35 days to complete the field level testing work which again confirmed the effectiveness of the methodology used by BRAC in carrying out arsenic testing. Three environmental researchers of BRAC were involved in running the project activities.		



# NGO's REFERENCES (8)

NGO's Name: BRAC

Assignment Name: Community Based Arsenic Response.		Country: Bangladesh
Location within Country: Boidder Bazar Union, Sonargaon Thana under Narayanganj district.		Professional Staff Provided by the NGO (Profile) : 4
Name of Client: UNICEF, DPHE		No. of staff: 10+4=14
Address: UNICEF, Bangladesh		No. of Staff months, Duration of Assignment: 5 months
Start Date (Monthly/Year) February, 1999	Completion Date (Month/Year) June, 1999	
Name of Associated NGO, if any: Not applicable		Approx. Value of services: Tk.1,000,000
Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved Functions Performed: Dr. AMR Chowdhury – Project Director, Mr. Jakariya – Team Leader Salma Rahim Haque, Md. Zabeed Hossain – Coordinator		
<p>Narrative Description of Project: Objectives of the Project was to</p> <ul style="list-style-type: none"> <li>a) Test arsenic contamination in all the tubewells of the union Boidder Bazar</li> <li>b) provide alternative safewater options,</li> <li>c) motivate the people towards the safewater sources.</li> </ul>		
<p>Description of Actual Services Provided by Your Staff: Out of 1190 tubewells tested, 729 (61.26%) were found above permissible level (70.05 mg/l). The alternative safe water options advocated were: (1) treatment of ground water with home based candle filters, (2) treatment of surface water with Pond Sand Filter (PSF), (3) collection of Rain water by Rain Water Harvester (RWH) and (4) use of shallow ground water through dugwells. These options were assessed on several criteria – initial and running costs; ease of implementation, running and maintenance; continuity of supply; susceptibility of bacteriological contamination and acceptability to the community. A total of 2 PSF and 10 RWH have been constructed and 30 safe filters have been distributed in free of cost among the villagers in the project area. The severely affected villages were selected to organize village meeting in order to create awareness among the people. The materials for communication development include poster, leaflets, stickers and booklets.</p> <p>Weekly monitoring of the drinking water quality of these options was carried out. For this, water samples were sent to ICDDR, B for bacteriological tests every week.</p> <p>Three Environment Researchers of BRAC are supervising the whole project objectives.</p>		



## NGO's REFERENCES (9)

NGO's Name: BRAC

Assignment Name: Action Research on Community Based Arsenic Mitigation.		Country: Bangladesh
Location within Country : Sonargaon thana, Narayanganj district Jhikorgacha thana, Jessore district		Professional Staff Provided by the NGO (Profile) : 4
Name of Client; UNICEF, DPHE		No. of staff: 123
Address: UNICEF, Bangladesh DPHE, Government of Bangladesh		No. of Staff months, Duration of Assignment: 10 months
Start Date (Monthly/Year) June, 1999	Completion Date (Month/Year) March, 2000	
Name of Associated NGO, if any: Not applicable		Approx. Value of services: Tk.6,000,000
Name of Senior Staff (Project Director/Coordinator, Team Leader) Involved Functions Performed : Dr. AMR Chowdhury – Project Director, Md. Mizanur Rahman- Project Manager, Salma Rahim Haque, Md. Zayed Hossain – Coordinators		
<p>Narrative Description of Project: Objectives of the project were:</p> <ul style="list-style-type: none"> <li>a) test for arsenic in tubewells of the two thanas,</li> <li>b) provide alternative safe water options,</li> <li>c) motivate the people towards safe water sources.</li> </ul>		
<p>Description of Actual Services Provided by Your Staff: 80 Village Health Workers (VHWs) of BRAC in each thana to conduct the field level testing for arsenic in water of all the tubewells of the two thanas were selected. Then the VHWs received a two days training on the problem of arsenic poisoning and the methodology of testing by using MERCK kit. VHWs were given training in several batches in the respective BRAC's field level offices like RDP and HPD offices. During the training a field trial was also arranged for the participants.</p> <p>There are 11 unions in each of the two thanas. There are approx. 40,000 tubewells. Till October 27, 1999 a total of 22,368 tubewells have been tested. 60% tubewells were contaminated on an average in the two thanas. The severely affected villages were selected to organize village meeting in order to create awareness among the people. Resource mapping was done in those selected villages to locate both contaminated tubewells as well as tubewells which could be used as alternative safe water sources. The materials for communication development include poster, leaflets, stickers and booklets. Each item was 45,000 in quantity.</p>		
<p>The alternative safe water options advocated are : (1) treatment of ground water with homestead candle filters, (2) treatment of surface water with pond sand filter (PSF), (3) collection of Rain Water by Rain water Harvester (RWH), and (4) Use of shallow ground water through dug wells.</p>		

Drinking water qualities of these options are being monitored. For this, water samples are sent to ICDDR,B and Khulna DPHE laboratory for bacteriological tests.

The whole project activities are going on. So all the quantitative data given here will be changed.

## **Comments and Suggestions of NGO on the Terms of Reference**

### **On the TOR:**

Meticulous study has found the TOR for the project to be generally clear. The objectives of the project are consistent with the broad title of the project.

### **Project Outputs**

The project document has lucidly stated the required outputs to be accomplished by the national NGO. It has eased the project formulation strategy procedure for the national NGO since the required outputs to be accomplished shape out the infrastructure of project. Once the infrastructure of the project is prepared and the organization knows what is required to be done, the means of implementation, i.e., how to implement the project becomes easier.

### **Breakdown of Activity Cost**

The requirement of breaking down the activity costs to cost per activity has served as a benchmark for managing the financial side of the project. It has helped to envision how much each activity may cost and thus created a baseline for a cost benefit analysis. Moreover it will help to measure variances when preparing financial reports.

However, there are certain areas within the scope of services that need attention and clarification.

### **Scope of services**

Under 4.1, i.e. National NGO at Head Office, it is mentioned that "the National NGO will be responsible for the development and management of software activities in line with the project document and National Water Supply and



Sanitation Policy." It is also mentioned that the national NGO will perform school sanitation. The following issues need clarification:

- The number of schools to be covered under the programme is not mentioned in either the TOR or the project document.
- The roles and responsibilities of the national NGO regarding school sanitation is not clarified. UNICEF has ongoing school sanitation programme under which it is providing WATSAN facilities to primary schools. It is implementing the programme in seven districts in which Noakhali and Patuakhali (proposed project districts) are also included. UNICEF, however, has not covered all the schools in these two districts yet. It is not clear as to whether the national NGO will be involved in providing training to teachers and members of the school management committees, and facilitate hygiene education to students of the schools that have been provided with such facilities by UNICEF.
- Clarification is also required if the national NGO will have to map out the schools in the project districts for construction of facilities by DPHE. The number of schools and the required activities need to be clarified since those have budgetary implications.

In the TOR, the national NGO also expected to conduct research on rainwater harvesting. The TOR does not mention whether such experimentation will have to be done in all the districts or only in the Noakhali and Patuakhali clusters.

#### **Absence of Disaster Management Preparedness**

Being a deltaic region, Bangladesh is often afflicted by natural calamities like floods, cyclones. Floods are recurrent every year and cyclones are inflicted upon to the coastal belts every now and then. The target area of the proposed project is the coastal belt. Hence it can be stated affirmatively that it would certainly be inflicted by cyclones every year. In the TOR, there is no mention as to what strategy the national NGO should adopt to face such natural calamities, which are sure to occur within the project period for a number of times. Moreover, during such natural calamities the tubewells get salinated and the latrines get

washed away. Coping with such situations will entail budgetary implications. Therefore, clarifications are required as to whether contingency fund should be put up for combating such natural calamities. Clarifications are also required as to whether DPHE will have provisions for replacing latrines if floods and cyclones cause them to be damaged or washed away.

### **Mapping of the Unserved and Underserved Pockets**

The project document states that the field NGOs will conduct the mapping of the unserved and underserved pockets during the inception period. However the project document also states that the selection of the field NGOs will take place in the implementation period. These two statements are rather contradictory. Thus clarifications are required whether the national NGO then will conduct the mapping through its field network. If not then whether the selection of field NGOs should take place in the inception period and the mapping should take place in the implementation.

### **Phasing out of the Project**

The project documents cites about the phasing out of the project quite a few times. However, it did not state the desired process of phasing out or how to phase out. Thus clarifications are required as to how the implementing agencies would desire the project to phase out and what are the results they would desire to see in the phase out period.

### Methodology and workplan

The project will be implemented over three successive periods:

1. Inception period – during which the groundwork for project implementation will be prepared to ensure smooth and systematic flow of activities shaping the project. The inception period spreads over a time frame of one year.
2. Implementation period – during which the actual activities shaping the project will take place. The implementation period spreads over a period of 3.5 to 4 years.
3. Phasing out period.

Irrespective of the project period or nature of activities, the overall implementation of the project will follow a set of broad principles, which are :

- The project will be demand driven rather than supply driven. The community people feeling need of water points must apply for the support following standard procedures. The national NGO will catalyse the process.
- The project will be implemented through enrolment and involvement of different partner and allies working at the grassroots level –
  - a. local government officials
  - b. health and family planning workers
  - c. school teachers and secondary school students
  - d. religious leaders
  - e. local elites
  - f. partner NGOs
- Special efforts will be made to strengthen the capacity of the local government and involve them intimately at each step of the implementation process to ensure sustainability of the project after phasing out.
- Strengthening DPHE staff and developing a system, so that they can supervise and monitor activities subsequent to phasing out of operation.



- Use of locally acceptable and easily comprehensive communication materials containing unified messages by different stakeholders to have synergistic impact.

### **Implementation Strategy**

The total project area covers 296 unions in 28 thanas under 8 districts of the coastal belt. The districts are Pirojpur, Jhalokathi, Barisal, Barguna, Patuakhali, Noakhali, Laxmipur and Feni. They will be grouped into the following two sub-areas: 1) Noakhali (Noakhali, Laxmipur, Feni), and 2) Patuakhali (Pirojpur, Jhalokathi, Barisal, Barguna, Patuakhali) sub-area. The total population of the project area is approximately 7.6 million. BRAC will play a double role in the coastal belt rural water supply and sanitation project. Firstly it will work together with DPHE and DANIDA as national NGO and provide technical, training, research and co-ordination assistance to Program implementation agencies in all thanas. Secondly it will implement the project in selected thanas. As national NGO, BRAC will perform following tasks through central coordination unit at its head office at Dhaka and their two Regional offices at Noakhali and Patuakhali sub- areas respectively in collaboration with other institutions at central and local level.

#### At Head office level:

- 1) Overall implementation of the project.
- 2) Detailed planning and preparation as well as management of the various activities to be executed.
- 3) Designing and conduction of inception workshop and orientation packages for different actors.
- 4) Overall promotional activities of the software component, including intervention development and testing.
- 5) Supervision of overall project.
- 6) Staff recruitment and deployment in all level.
- 7) Overall monitoring of software activities.
- 8) Carry out overall financial management of the software activities including staff deployment, annual work programs and budget of the field NGOs.
- 9) Institutional capacity building to field NGOs and local governments.



- 10) Arranging research on rainwater harvesting.

At sub-office level:

- 1) Overall implement the project in region, district and thana level.
- 2) Overall management of the software activities in the sub-area implemented by field NGOs workers at grassroots level.
- 3) Overall coordination and collaboration with the PMU and the DPHE.
- 4) Monitoring of possible detailed mapping carried out by the field NGOs.
- 5) Preparation of work and training plans for the NGOs responsible for implementation of software activities at union level.
- 6) Providing training and specialised inputs and advise field NGOs.
- 7) Managing, supervising and monitoring activities of field NGOs
- 8) Auditing and monitoring financial transactions.
- 9) Preparing progress reports based on data reporting from field NGOs.

Field NGO will implement following activities through its area offices at thana and union level:

- 1) Recruitment and payment of staff as well as keeping accounts.
- 2) Implementation of software activities in union and grass root level.
- 3) Initial mapping of under served/unserved pockets.
- 4) Community mobilisation in connection with applications for water points.
- 5) Assist union parishads in approving applications and assist the community in selection of sites for the water points.
- 6) Caretaker family training.
- 7) Promotion of sanitation, hygiene and safewater use.
- 8) Training support to latrine producers.
- 9) Support school management committee in construction of water and sanitation infrastructures.
- 10) Implementation of hygiene promotion at all primary schools including training in maintenance of water supply and sanitation facilities.
- 11) Promotion of rain water harvesting.



The thanas selected for this project are those where BRAC has already established its development infrastructure and has experienced implementing team for execution of the proposed project. BRAC's specific area office at thana level will help the project in the following areas:

- a) Office space would be used
- b) Use of office facilities.
- c) Manager's and other relevant staff intervention as and when needed.
- d) Provision of latrines from BRAC's production centres including mobile production if necessary.
- e) Provision of credit from BRAC's existing credit program.

Where such implementing team of BRAC does not exist, an alternative field NGO will be selected as field implementers. In areas where either the national NGO or the partner NGO does not have field presence, the national NGO will extend its outreach by setting temporary institutional structure. Another alternative would be to request the partner NGO to extend field outreach to cover the unserved areas following agreed principles. At present BRAC has 38 offices in 27 thanas except Hatia.

The project will be implemented in one phase comprising three interlinked periods. An inception period of one year will ensure setting up of the infrastructure for activities, which are planned to be carried out during this initial period of developing strategies and capacities. The one-year inception period is followed by a one-year period of start-up before the four years of full-scale implementation. The last 6 months will be treated phasing out for the project. The following section will describe implementation strategy of the each component of the project separately.

## Inception period

During inception period following activities will be undertaken simultaneously to ensure smooth and systematic organization of project activities during implementation phase.

- ***Staff recruitment***

The central co-ordination unit at head office of BRAC will recruit the key staff for the implementation of project. Among the key staff are the project manager, finance officer, training coordinator and other staff at regional office. District coordinators and thana coordinators will also be recruited at head office level. The regional offices will carry out of selection and training the field supervisors and field NGOs field worker. The field NGOs, however, will select their own village animators. Once the village animators are selected, the national NGO will facilitate training and refreshers for them.

- ***Project management structure:***

The project will be administered and implemented by Essential health care project of BRAC's Rural development Program. A "Project coordination cell" headed by full time Project Coordinator will be established at BRAC's head office at Dhaka. A gender specialist and Auditor will be the other members of the cell. Research and Evaluation Division of BRAC will be responsible to plan the baseline survey and participatory monitoring system. Project coordination cell will work under the direction of the project coordinator who will be considered the spokesman of the project.

Project Coordinator will be responsible for fostering the relationship between BRAC, DANIDA, DPHE & CCU. The Project coordination cell will be responsible for assessment of the progress of the project, decision making regarding strengthening of project, preparation of plan, operational guidelines, budget and monitoring of the project. At sub- area office level, Project Manager will be responsible for planning, implementing and coordination of all activities in the region. A financial officer, training coordinator and four auxiliary staff will assist him. There will be a District Coordinator for each district who will be reportable to the Project Manager. Each thana will be headed

by a Thana Coordinator, who will be assisted by three Field supervisors (reportable to him). However, the Thana Coordinator will be reportable to both the District Coordinator and Project Manager. There will be 16 female field workers at the grass roots level directly involved in the implementation of software activities of the project. The Field supervisor and thana coordinator will regularly supervise and monitor these workers. The field NGOs will motivate the target group to use sanitary latrines and adopt hygiene practices. They will also ensure the usage of safe water by the target groups. They will also be involved in water point selection, water user group formation, and will assign these groups to a savings program to enable the target groups to create a fund, which will be used for paying user contribution money and repair and maintenance of the tubewells.

BRAC team at the thana will be staffed with a thana coordinator, three field supervisor. There will be one female village animator for every 150-200 households. They will be selected jointly by Field NGOs and community members based on following criteria:

- age 30-35 years
- living in the community and acceptable to the community
- minimum family liabilities to allow here time to work
- preferably with 5 years of schooling.

They will assist field workers in social mobilization.

• *Organization of the inception workshops*

During the first three months of the inception period a number of inception workshops will be organized with inputs from CCU, PMU, DAG, DPHE and other central government institutions. The purpose of the workshops is to ensure that all parties agree on the objectives, strategies, implementation plans as well as their respective roles and responsibilities in the project. One workshop at central level and two workshops at regional level will be conducted within three months of the inception period. Within 15 days after the workshops are held, the inception report will be submitted.

• **Identification and selection of field NGOs**

Where BRAC's field implementation teams do not exist, alternative field NGOs will be selected for grass-roots implementation of the project. BRAC will prepare a list of NGOs working in the project area with reference to their coverage area. Following are the expected characteristics of the field NGOs enlisted:

- 1) Indigenous Bangladeshi organization registered with department of social welfare.
- 2) Capable of provide safe water and sanitation services.
- 3) Have their own groups in working area and credit operation.
- 4) Have female staff.
- 5) Have proven ability to reach poor families and women.
- 6) Have local area office.

The NGOs meetings, the mentioned criteria, will be considered for selection. The selection process will follow a checklist with the selected criteria listed below.

Score	0	1	2	3	4	5	6
Criteria							
Population coverage(000)	<20	20-50	51-75	76-100	101-150	151-200	>200
% of households with tubewell water within 150 meters	>95	91-95	81-90	71-80	61-70	51-60	<50
% of households with WSL	>80	61-80	51-60	41-50	31-40	21-30	<20
Credit operation -outstanding in TK(00,000)	<3	4-6	7-10	11-14	15-18	19-20	>20
Credit recovery rate(%)	<30	30-40	41-50	51-60	61-70	71-90	>90
Cost recovery(%) ( in relation to the total expenditure)	<3	3-5	6-10	11-15	16-20	21-25	>25
Fixed assets that saves annual expenditure by(%)	<1	1-3	4-6	7-9	10-12	13-15	>16
Community support* (%of annual expenditure)	<1	1-3	4-6	7-9	10-12	13-15	>16
Geographical fits	NGOs from highly served areas-0			NGOs from the unserved areas-3			

\* donations both in cash and kind. Value of in kind contribution will be converted into cash and added with cash contribution

Based on the above criteria, the NGOs who secure higher scores will be considered for selection. NGOs with higher scores, covering relevant areas of the project will be prioritized. On the event that there are areas, which are not covered by any NGOs, the

... will allocate its staff resources to those areas for the project period and thus ensure complete coverage of the project area.

***Baseline survey and development of monitoring system*** (for details, see research component)

The baseline survey will be developed and conducted in a participatory manner. RED of BRAC will be responsible to plan the baseline survey and participatory planning process. The participation of the stakeholders will be ensured at 3 levels:

- A. At women group level:- Members of the credit groups organized by BRAC and other NGOs will have an important roles in discussion and their feedback will be considered before, during and after survey. Participation process of these women in the project will be ensured through PRA techniques. Health and hygiene related behaviour of women would be identified.
- B. Focus Group Discussion will also be organized at village level at the time of the survey. BRAC will consider the comments of the community and needs of the people. From this level following data will be collected:
  - status of community in relation to water and sanitation,
  - existing behaviour pattern regarding hygiene, use of water and sanitation practice,
  - existing services provided by different agencies,
  - what the villagers think about the quality of those services, and
  - identification of future interventions in the field of water and sanitation.
- C. Sample household will be enrolled into a formal door to door survey. The following data will be collected:
  - water points where maintenance and use are deficit,
  - sanitation coverage by different types of latrines and use of the latrines,

- identify health and hygiene behaviours by segmented groups (such as children, women and men),
- knowledge on causes of water borne diseases,
- household organization for hand washing, cleanliness, etc., and
- community perception of quality of extension work which has taken place, including DPHE.

Before going to the baseline survey the components of the survey will be discussed and finalized with community members and partners. At the time of analysis of the results BRAC will also discuss the results with partners. This will be done especially at women group level. Baseline survey will be completed and report will be finalized by the end of the inception period and information will be utilized for operational planning.

Participatory monitoring methods will be built into all activities to assess progress of activities as well as to equip beneficiaries with tools of self- monitoring. A limited number of indicators which can be measured by the communities, field workers and field NGOs will be developed during inception period. Monitoring of these indicators will be used in planning at field level and results will be transmitted to higher level as needed. In collaboration with PMU required guidelines, indicators and formats will be finalized for monitoring and evaluation of progress and achievements.

- *Alliance building and orientation and planning workshops.*

The project is a partnership between DANIDA, BRAC, DPHE, Field NGOs and community. The partnership operates within GOB's national water and sanitation Program to contribute to the nation's immediate sanitation objectives. BRAC's predominant health and social mobilization expertise, public sector experience, rural infrastructure and implementation capability will be complemented by DANIDA's predominant sanitation expertise, NGO partnership experience, institutional development and grants management capability and by DPHE's capabilities in rural



- identify health and hygiene behaviours by segmented groups (such as children, women and men),
- knowledge on causes of water borne diseases,
- household organization for hand washing, cleanliness, etc., and
- community perception of quality of extension work which has taken place, including DPHE.

Before going to the baseline survey the components of the survey will be discussed and finalized with community members and partners. At the time of analysis of the results BRAC will also discuss the results with partners. This will be done especially at women group level. Baseline survey will be completed and report will be finalized by the end of the inception period and information will be utilized for operational planning.

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sanitation and hardware management expertise. Careful delineation of the partners' roles will be ensured so that there is no technical redundancies among partners.

The orientation workshop will contribute to strengthening collaboration and co-ordination with local WATSAN committee, in devising and implementing operational plans. A joint plan of action at different geographical level will be developed from orientation workshops. 8 district, 28 thana and 296 Union level workshops are planned to be organized annually to build a broad and necessary coalition among different organizations and stakeholders. Local government leaders and elected officials, DPHE, schools, religious leaders, NGOs, women groups and local influential people will play an important part in this project. The orientation workshops will also sensitize local WATSAN committee for assuming their roles in leading their community towards utilizing and maintaining local resources and services.

The participants of the workshops will be given a lucid understanding about the project and will be motivated to suggest the contribution they might make to the implementation process. The participants will be requested to contribute to hygiene and sanitation promotion in various fields. They will also be asked to explain the project to the target groups about the procedures of the project, as for example, the cost that the people will have to pay for water point.

- *IEC materials preparation and field test*

Various IEC materials will be prepared for the field NGO workers and stakeholders involved in promotional activities of the project. The IEC materials will include flash cards, flip charts, pocket cards, diaries, billboards, signboards, posters, and stickers. The health and family planning workers will use the flash cards during their sessions. Flip charts will be used by the field NGO workers during the group meetings, courtyard sessions, latrine campaigns and other meetings. The union parishad chairman and members will use the pocket cards and diaries. The religious leaders will use diaries citing quotations from the Holy *Quran* and *hadis*. Besides, posters carrying motivational

messages and picture illustrations will be displayed in crowded places like tea stalls, bus stands, bazars, etc. Moreover, billboards and signboards will be displayed in every union carrying messages promoting use of safe water and hygiene practices.

These IEC materials will be tested in the inception period and comments will be taken from the stakeholders to modify the materials, if necessary.

- *Finalizing operational guidelines, implementation plans and phasing out strategy.*

BRAC will contribute effectively in preparation of detailed operational and verifiable site selection criteria and procedures for applications for water points. Phasing out strategy for software and hardware activities at thana, union and district level will be finalized at the ending part of the inception period.

## **2. Implementation Period**

During implementation period actual activities shaping the project will take place: The implementation phase spreads over a period of 3.5-4 year. . The following section will describe implementation strategy of the each component of the implementation phase separately.

- *Water supply program*

Following activities will be executed for water supply Program:

### ***Situation analysis and identification of unserved areas for water supply assistance***

DPHE is the government body, which is endowed with the responsibility of providing the rural poor people with water facilities by installing deep tubewells and shallow tubewells. The procedure is that 150 families will use one tubewell and will be required to pay the contribution money and pay for maintenance if repairing is necessary. DPHE field

offices are set with targets, which are required to be met within due time. In the past it has been seen that the poor have been subjected to deprivation for two reasons:

- The poor could not pay the contribution money as a result of which the more affluent would submit the contribution money in the name of the poor and have the tubewell installed in their own compound;
- Mandated by the requirement of meeting targets within a specific time period, compromises have often been made with the customer criteria and water point criteria. Tubewells have been installed for those providing installation money, who were in most cases not the poor. Water points selected were also often not in the best interest of the targeted poor people, in most cases inconvenient to access.

For the proposed project, the national NGO will provide DPHE with the following services prior to tubewell installation.

1. Identify and map the unserved pockets
2. Organise the poor people at the union level through field network or with the assistance of the field NGOs
3. Catalyse the poor to select water points which are most convenient to them
4. Identification of Water User Groups and Caretakers
5. Involvement of the water user groups in credit and savings program

### ***Identification and Mapping of the Unserved Pockets***

DPHE has conducted surveys mapping unserved and underserved pockets in the coastal belt. BRAC will extend assistance to union parishads representative in selection of applicants for water points. In the unserved area identification process following checklist with certain indicators will be used.

Score	0	1	2	3	4	5	6
Criteria							
% of households with tubewell water within 150 meters	<50	50-60	61-70	71-80	81-90	91-95	>96
% of households with WSL	<20	20-40	41-50	51-60	61-70	71-80	>80
People per tubewell	>300	251-300	201-250	151-200	101-150	76-100	<76
% of households using tubewell water for all household purposes	<10	11-15	16-20	21-30	31-40	41-60	>61
Time required to fetch water from tubewell( minutes)	>60	51-60	41-50	31-40	21-30	11-20	<10
%of people know the link between personal hygiene and diseases	<30	30-40	41-50	51-60	61-70	71-80	>80

Each union or unserved area with in the selected union gets a score for each indicator of performance measure. The lowest possible score is zero and highest is the six. within this the lower is the score the lower is the performance. for selection. For selection purpose we consider to use a cut-off point at a score of 3. That means the area score average 3 or less will considered as unserved area.

Identified unserved areas will be physically mapped to identify water supply pockets and to the occurrence of salinity problems. The mapping will determine the final ranking and selection of areas to start. During mapping participants/ beneficiaries will be introduced to the project including promotion of hygiene education and use of safe water and sanitation facilities. Mapping of safe water will be a continuous process for one and a half year. Flexibility within this area selection requires a coordination with DPHE.

BRAC will use the maps prepared by DPHE and have its field staff as well as partner NGOs to verify the unserved and underserved pockets to identify further such pockets. Such verification will also verify the validity of the already identified pockets if there is no tubewell in reality and if one tubewell is used by a number of families exceeding 150 considerably.

### ***Organizing Site Selection Committee***

After detailed mapping is done identifying the unserved and underserved pockets water selection committees will be formed in each area. The committee will comprise of:

Union Parishad Chairman  
DPHE Sub-Assistant Engineer  
Field worker (Field NGO)  
Thana Coordinator (National NGO)  
Female UP member.

### ***Organizing the poor people at the union level as potential water user groups***

Once the unserved and underserved pockets are identified through detailed mapping, the field NGOs will select the water points with the help of the field workers. The field NGO may take help from the groups of the national NGO and other NGOs to ensure complete coverage of the union. It should be mentioned that water points would be selected against certain set criteria.

### ***Catalyze the poor people to select water points***

After organizing the poor people the National NGO through field NGO would arrange a meeting, which may be in the form of the so-called *gram shavas*. The meeting would be presided by the female ward member. The rationale behind choosing the female ward member is that she is the representative of three ward and she is being empowered. Moreover for smooth and successful implementation of the program presence and close involvement of local government representatives is necessary.

In front of the female ward members the poor people will be provided with the map of unserved and underserved pockets and ask the poor people to identify three alternative water points which would serve the purpose to the optimum level. The national NGO



may use PRA technique in this process, as the field staffs are skilled to use such technique.

#### *Identification of water user groups and caretakers*

After the alternative sites are selected the households using the water points will be selected and enlisted. Households staying within 400 yards of the tubewell would be considered as potential water users. A maximum of 150 households will be the size of one water-user group. In the next step the water user groups will on consensus select 4 people who would be responsible for the maintenance of the tubewell. Later on these people responsible for the maintenance of the tubewells will receive training as caretakers.

#### *Involvement of the water user groups in credit and savings program*

These poor people will be required, by policy, to pay the contribution money of installing a tubewell. The installation charges are between Tk. 2,000 to Tk. 4,500, which may above the capacity of the target group of the proposed project. The field NGO, thus, will organize the water user groups and bring them under the credit and savings program prevalent as a regular program of the national NGO. The user group deposit their savings weekly for contribute in users contribution for construction. The user-groups will take small loans from the national NGO (if required) and use the loan to pay the contribution money to DPHE for tubewell installation. It should be mentioned that each water-user group member would share repayment of the loan in installments equally. The group members would also participate in the savings programs making regular savings. With the savings amount a fund would be created, the money of which would be utilised if the tubewell needs repairing of any sort.

After the sites are selected and water users are identified, the water user groups fill-up their application for construction of deep tubewell the female ward member recommend their application and send it to site selection committee. The site selection committee



check the application and if the application completely satisfies the site selection criteria they approve it and send it to DPHE for construction. If any application fails to satisfy the criteria the site selection committee will reject it and inform the group that they are disqualified for selection. The rationale behind providing three alternatives is to ensure that on the event that one site cannot be chosen due to some problem, for example arsenic detected, the other two sites will be taken into consideration. Such process will ensure that the poor people are benefited with water supply at their convenience.

From an earlier survey, it is estimated that 12570 water points will be sufficient to cover efficiently most families with no nearby safe water supply. Through such actions about 100% target households especially poor households will have a safe water supply with in 200-300 meters of their residence. This will encourage the families to use tubewell water for all household purpose, drinking as well as cooking. Initially a household survey is required to assess the condition of existing tubewells and the lack of nearby wells. This requirement will be addressed during baseline survey.

#### *Disaster and protection of water supply*

As the coastal belt is being exposed regularly to natural calamities, motivation and creation of awareness for protecting the drinking water supply during disaster needs to be promoted. To overcome the consequences of natural calamities, the following immediate measures will be undertaken:

1. Make people aware of the natural disaster and source of water contamination.
2. Establish innovative mechanism to protect water supply during disaster.
3. Give people access to contamination free water during disaster

#### *Establishment of a mechanism to maintain water points*

BRAC already has an established participatory process existing through women group in the villages created for saving and credit activities. Where such group does not exist, an alternative women forum will be organized. Each women group will have 25-30



members responsible for easy functioning of project activities, identification of unserved pocket for water points and sensitization of community for environmental sanitation. Each group is a forum where women can express their needs and suggests some corrective members. Selected village animators will be responsible for coordination of the activities of women's forum. This groups will be oriented with the caretakers training. A water point management committee with 2 women members will be organized for each water points. Representation from each of the village group or women's forum will be ensured.

### *Training on maintenance responsibilities*

The coastal belt is the area where saline water intrudes into shallow or deep aquifers or both. Deep tubewells are the main sources of safe water throughout the coastal belt except for some western thanas, where all aquifers are saline. However a deep tube well costs about 10 times as much as a shallow tube wells. Due to technical and financial consequences of deep tubewells, training on maintenance responsibilities is of crucial importance. With the new wells, an ownership agreement will be signed with women management committee, assuming that people will carry out maintenance responsibilities. Likewise both management committee of new wells and old ones will receive a basic training to identify simple problems and self-maintain their wells.

### *Training of mechanics*

In the project area, one representative from each management committee will be trained as mechanic, who can earn their living from installing and repairing wells. These mechanics will be provided with credit and will have available tools and parts needed for repairing wells. With those mechanics, community will have their own capacity to maintain facilities constructed. The beneficiaries of new wells will combine to contribute Tk. 1,000 for each water point to a development fund. Water point will be provided at a subsidized rate. Field NGOs other than BRAC will be encouraged to initiate credit and savings particularly for poor family in order to enable users to finance their contribution.

- **Sanitation program**

One of the primary objectives of the project is to promote sanitation. Once the actual situation of sanitation facilities and system is ascertained through the baseline survey, the project strategies will be formulated aiming at ensuring complete coverage of the project areas with sanitation facilities. There are two objectives in this case:

- i. To ensure availability of slab ring latrines in every area, and
- ii. To create awareness within the target people of the project about the health hazards related to the traditional sanitation practices and the benefits of adopting safe sanitation practices.

#### **Ensuring availability of slab ring latrines in every area**

At first a list will be prepared of the latrine producers in the project area. Such a list will identify the unions, which do not have any latrine producers. The national NGO will approach the local NGOs and the field NGOs and motivate them to establish slab latrine production centres. If the NGOs cannot establish such production centres, the national NGO will approach the local people and motivate them to establish a production centre. The national NGO will facilitate training for those interested in DPHE and will supply production equipment free of cost. If necessary, the national NGO will extend loans to those interested in establishing production centres. The national NGO will ensure the presence of atleast one production centre in every union.

#### **To create awareness within the target people of the project about safe sanitation practices**

Creating awareness among the target people of the project about safe sanitation practices will be conducted with a holistic approach. The people will be communicated about health hazards related traditional sanitation practices and advantages of adopting safe sanitation practices in every aspect of their social lives. Field NGO workers will

communicate these issues in group meetings, courtyard sessions, and latrine campaigns. The various stakeholders will also promote safe sanitation practices. The UP chairman and members will talk about sanitation practices during shalish meetings. The health and family planning workers will explain the health hazards related to traditional sanitation practices in EPI centres and SC centres. They will also teach the methods of safe sanitation practices and motivate the people to adopt such practices. Even the religious leaders will talk about safe sanitation quoting from the *Quran* and *Hadis* before jumma prayers and other religious gatherings. The schoolteachers will teach the children about safe sanitation, who in turn will try to inculcate the practices in their homes.

Moreover, the national NGO will facilitate folk culture shows delivering messages to promote safe sanitation practices through its popular theatre. Besides, the stakeholders and field NGOs will be continually motivated to promote sanitation among the target group. Promotion of sanitation at all levels is hoped to produce a synergistic effect within the project area.

The national NGO will provide loans for the target people of the project to buy sanitary latrines. Those who cannot afford the sanitary latrines will receive training facilitated by the national NGO on how to construct pit latrines with locally available input materials. Leaflets illustrating the procedures of using and maintaining the latrines will be circulated among the production centres so that the producers can explain the procedures to the customers properly.

The research division of the national NGO is conducting a research on sanplant latrines. If feasible the target people will be encouraged to use such latrines as well.

### ***School hygiene program***

A school hygiene program covering primary and secondary schools will be executed. BRAC intends to take a three fold approach to energizing the local schools in the

project. Firstly, the school personnel consisting of headmasters and teachers will be helped to upgrade their knowledge and skills on health and environmental hygiene. Secondly, the local school committee members, students and guardians will be motivated for showing greater concern for environmental sanitation and constructively involved in improving them. Thirdly, the institutions mainly needing sanitation and water supply infrastructure support will be assisted to get this and helped to structure ongoing assistance through support of the local community. A total of 500 schools of 28 thanas will be included in the project. 125 Yearly school seminars will be organized. Field supervisors will be responsible for this activity. But it is expected that guardians and education workers trained under this Program will continue monthly meetings on their own initiatives. There will be 2 full day training activities for administrators and teachers. About 3,000 education workers will be enrolled into this training Program. A total of 500 schools from 28 thanas will receive water and sanitation infrastructure support. The trained school teachers will be required to atleast one class every week on sanitation practices to teach the students about adopting safe sanitation habits. 4 unit latrines and HTWs will be installed in the selected schools. The schoolteachers and students will be encouraged to ensure maintenance and caretaking of the installed sanitation facilities through school clubs. BRAC will work with school personnel, guardians and local government machinery to determine the schools to get infrastructure supports.

### *Training*

The training component of the coastal belt safe water and sanitation Program is viewed as the key component to the development of managerial capacities of all individuals involved in the Program, covering management, technical and behavioral aspects. The overall goal of the Program is to improve behavioral pattern of target population regarding use of safe water and sanitation facilities. Since the training Program will be working on a certain strategy, the Program specific results of the training will be as follows:

- To increase hygiene awareness among target population,

- To increase operation and maintenance capability of population receiving caretakers' training, and
- To strengthen capacity of different stakeholders of the project for providing sustainable safe water and sanitation Program.

BRAC has its own training division with team of core trainers who are competent and have enough experience in developing curriculum, course materials and impart training. The core team of 2 Training Coordinators & 7 trainers will be responsible for the implementation of multifarious training courses developed based on needs of the Program and will be closely assisted by BRAC's training division. Two training coordinators, one for each of the region, will be responsible for overall coordination of the training activities of the respective region.

Training course will be organized for the DPHE grassroots workers and thana level officials. Beside these categories of staff, BRAC staff, NGOs and CBOs workers, union parishad members and chairmen and potential members of the community will be provided needs-based training.

A follow-up mechanism will be developed involving BRAC, CCU, PMU and DAG. Various BRAC's physical facilities like TARC, CDM and area offices will be used for the execution of the training Program.

The training plan and training course outlines are attached in appendix-17.

### **3. Hygiene promotion**

#### **A. Method**

The training program will be supported by an effective behaviour change communication campaign at field level. Safe drinking water alone will not end the scourge of life threatening diarrhoea. Good sanitation and personal hygiene are also essential in combating this disease, which is responsible for 20% of all child deaths in



the country. An integrated approach that combines provision of safe water and sanitary latrines with behaviour change communication strategy can contribute to the reduction of the incidence of diarrhoea. Behaviour change communication, an important aspect of the program, has been developed on the following past experiences:

- People need information to be motivated,
- Direct face to face communications are effective,
- It is effective to focus on women, and
- Communication strategy must be developed according to the culture and norms of the society.

The current project will be implemented under a broad coalition among different organizations. Local government leaders and elected officials, DPHE, schools, head masters, religious leaders, NGOs, women's groups and local influential people all will play an important part in this project. A central coordination team will be formed at Thana headquarters and BRAC will be responsible to coordinate their activities and divide their responsibilities in the project area.

Once the alliance of different groups has been built, the first step is training. Under this project local NGO workers (field workers, NFPE school supervisors, etc), local leaders (UP Chairman and members, religious leaders). Health personnels (Health and Family Planning Field Worker), Teachers and School Managing Committee members including NGO school teachers. DPHE mechanics, private producer and mason, and village animators and groups of other NGOs and school students will be given training on the importance of sanitation and drinking water so that they can work as local volunteers to communicate the message to villagers.

Publicity of all kinds will help to make people aware of the sanitation program. A mobile video team will be developed to show the people technology of latrine installation and make them aware of the sanitation and water Program. Tin billboards, posters and slickers explaining the importance of environmental sanitation and hygiene will be put in

public places around the thana. Artistic billboards with health information and diagrams will be placed around the thana.

Sanitation, hygiene and health education will be provided on a regular basis at various levels such as during household visits, village and union level meetings and "Uthan baithaks (courtyard meetings)." Union level meetings will be held at every month and will be attended by school children and group leaders from NGO's women's groups. BRAC's staff and officials from DPHE and the local government will conduct the meetings. Education on the health reasons for building latrines, the importance of practicing personal hygiene, using safe tubewell water, arsenic problem and community responsibilities and value of convenience and privacy will be particularly emphasized.

The next type of meeting will be held at the village level at an interval of 3 months. All village women will be invited to attend these meetings. Field supervisors will give health information about latrines, personal hygiene and safe water. A video on personal hygiene will be shown.

The final type of meeting will be the "Uthan baithak" (courtyard meetings). These will bring the information to all the women, even those who had been unwilling or unable to attend the larger meetings. These smaller meetings will help to make all families feel part of the effort to improve sanitation and health. NGO field workers will conduct these meetings once in every month. The Village animators selected from the community and trained on social mobilization and communication will initially help the field workers in organization of courtyard meetings. After completion of project activities these animators will assume the responsibilities to disseminate information on health and environmental hygiene. Special training of trainers will be required to ensure the quality of communication and supervision in particular the selection and use of health animators.

After courtyard meetings, NGO field workers will also visit the village and go house to house to motivate villagers to build latrine and to monitor the success of the project.



Face to face communication will be structured with a stepwise activities that stimulates discussion and participation. In addition monthly SOCMOB events by union parishad members, Jamma prayer mobilization meetings by imams and health education sessions by Health & Family Planning workers will be organized. Village animators and workers of different NGOs will also provide health and hygiene promotion information at their group meetings.

## **B. Education messages**

Hygiene Promotion will follow an innovative approach. The hygiene education messages and activities will be reviewed and refined based on information collected in small quantitative and qualitative research activities to be undertaken under this project during inception period, rather than depending on stock education messages and materials. This information on current beliefs and practices of the community will be used to focus and develop hygiene promotion interventions. Initially BRAC identifies some key expected behavior after analyzing the results of studies conducted earlier. Intervention strategy and content in this hygiene promotion is developed on the basis of the paradigm of diarrhoea- contamination cycle. Following principles will be practiced for Hygiene promotion and behavior change communication program:

- Emphasis on the relationship between the environment, personal behavior and health,
- Education messages will be developed based on local belief, norms and practices,
- Focus on selected important behavior,
- Emphasis on community participation, and
- Emphasis on participatory monitoring and evaluation.

The focus of the hygiene promotion will be on behaviour change. Specific knowledge base will be developed among the community members to support specific behavioural

objectives. Following are the priority behavioural outputs identified in 9 areas to be achieved through this Hygiene Promotion Intervention:

### 1. Domestic hygiene

- Sweeping the baby's play area and courtyard two times a day is ensured.
- A locally produced dirt disposer to immediately remove baby's or animal faces from the yard is being used.
- A special pit to dispose of faces and other waste matter from the compound is constructed. This manure pit is about 2 ft. deep, with a narrow opening to be covered by a piece of pottery.
- Mother is encouraged to wash their babies in a fixed place after defecation to avoid the spread of germ-contaminated water everywhere.
- Mothers are encouraged to keep their crawling babies in a safer place or playpen instead of permitting them to crawl in the dirt.
- Latrine is maintained clean (outside and inside) especially shared latrines.

### 2. Personal hygiene

- Cleaning the baby immediately after defecation is being practiced.
- Family members are encouraged to cut fingernails at least once a week. (The right hand is used for eating and long nails are harder to clean).
- Cleaning the baby rug or mat as soon as it becomes soiled is being practiced.
- Family members are encouraged to use slippers during defecation.

### 3. Hand washing

Washing hands with soap or ashes after defecation, after handling children faces as well as before feeding and eating is ensured in community.

Following steps is being maintained strictly to ensure better hand washing:

- Running water over hands.
- Using soap or ash
- Rubbing both hands at least four times.
- Rinsing with clean water run over hands.
- Drying with a clear cloth.
- Keeping mud/ash/ soap near the kitchen or other convenient place.
- The drying rag should be kept exclusively for hand washing.

### 4. Food hygiene

Following principles is being practiced to ensure better food hygiene:

- Time between preparation and consumption is being kept short.

- Cooked and hot food should be taken.
- Patient with diarrhea diseases, boils and other contagious infections should avoid food handling.
- Cooking utensils should be cleaned and dried after use.

#### 5. Disinfection after natural calamities (cyclones and flood)

Disinfecting the residential premises, latrine, tubewells and neighborhood by bleaching powder is being practiced by the community.

#### 6. Safe water

##### Water source

- A safe distance of 50 meters is maintained between water supply and source of contamination.
- Distance between water supply and users' household is kept minimum of 150 meters to avoid carrying problems.
- A cement concrete platform (at least 3ft in all directions) with a gentle slope towards a drain is constructed and maintained.
- A drain to carry off spilled water to a soakage pit is constructed and maintained.
- Strict cleanliness is enforced in the vicinity of the water sources.
- Personal ablutions, washing cloths and animals as well as dumping of refuse and waste around the water sources are strictly restricted.

##### Water Transportation

- The community is practicing using of sanitary vessels in carrying water from source to individual house.
- Mixing pond water with safe water is avoided.

##### Water storage

For sanitary storage following principles are being practiced by the families.

- The container should be kept clean.
- The container should be kept covered with a lid
- The lid should be kept clean.
- Hands should be kept out of contact with drinking water.

##### Water use

Community is encouraged to use arsenic free water from safe sources for all household purposes.

## 7. Diarrhoea management

### Rehydration during diarrhoea

Children are treated at home with more fluids than usual as soon as diarrhoea starts to prevent dehydration.

(Suitable fluids include 1. The recommended home fluid or food based fluids such as plain water, green coconut water, rice water, chira water, labon gur sharbat and oral rehydration salts. 2. Breast milk and milk feeds prepared with twice the usual amount of water.)

### Feeding during diarrhoea

For maintaining adequate nutrition during diarrhoea following principles are being practiced by the families.

- Well-cooked local staple foods that can be easily digested such, as rice potatoes should be used during diarrhoea.
- The staple food should be given in a soft mashed form.
- The energy content of the staple food should be increased by adding 1-2 teaspoonfuls of vegetable oil per serving.
- The Staple food should mix with well-cooked pulses (beans, peas, nuts or lentils) and vegetables.
- Foods rich in potassium like oranges and lemons should be given to replace potassium lost during diarrhoea.
- Drinks with a high concentration of sugar should be restricted to avoid the increase risk of dehydration.

### Seeking help from trained health personnel

Patient with diarrhoea are taken to trained health personnel if the patient

- Passes frequent watery stools
- Is very thirsty
- Has sunken eyes
- Has high fever
- Eats and drinks poorly
- Has blood in the stools
- Shows no improvement within 3 days
- Experiences persistent vomiting (more than 3 times an hour within the space of few hours.)

## 8. Sanitation

### Use of latrines

- People are encouraged to hold bodna (water pitcher used for cleaning after defecation) with the right hand only so those germs from the left hand (used for cleaning after defecation) do not contaminate the pitcher and spread to other people.  
Container with water is kept nearer to the for using water after defecation and washing of hands and feet
- Small amount of water is poured over the pan before defecation to avoid adherence of stools to the pan.
- Enough water is used after defecation to clean the latrine.
- All family member > 5 years of age are encouraged to use hygienic latrine.
- Young Children (3-5 years) are defecated in a latrine or a fixed place.
- Children faces are disposed in the latrine.
- Children become habituated to use latrine at their childhood.
- Water seal is maintained properly to avoid the entrance of flies and mosquitoes.

### Care of latrines

- DPHE or NGO personnel are contacted for malfunctioning water seal.
- Slab is kept clean.
- Latrine shed structure is repaired periodically.

## 9. Arsenic problem

- Red marked arsenic contaminated tube-wells are avoided as water source.
- Patients with arsenic poisoning are given adequate medical attention.
- Arsenic patient to enhance immunity increased intake of nutritious food enriched with protein and vitamins.

All 9 cycles of the Hygiene promotion will be completed on a 6monthly basis. After each cycles monitoring to assess behavioural change will be carried out. The findings from each assessment will be discussed with different partners and community members. Problem areas will be identified and redefinition of strategies and activities will be made.

### 3. Sustainability and phasing out

Sustainability will require more time as it ultimately depends upon strong human, organizational and financial resources within the community. Social sustainability will be ensured through empowerment of communities and strengthening of government and non-government institutions and their involvement in the program. The overall purpose or goal of the project will be served only if public awareness about importance of sanitation is increased and grassroots capacity to deal with problems related to health and sanitation is built. These factors will be measured by the community readiness to install sanitary latrines and tubewells, use and maintain them and also the presence of technical persons with necessary repairing tools and spare parts in the community.

To achieve sustainability a change in present attitude and perception is essential. The behaviour change communication program is strong in health education and social mobilization. More time will be required to move the community from knowledge and awareness to utilization and demand and ultimately to empowerment and self-sufficiency. A mechanism should be also identified to retain and sustain village workers through community financing.

BRAC has already established an institutional framework for implementing its development endeavors in its project area and will continue its implementation until BRAC's development partners become able to take full implementing and management responsibilities for the program. The implementation system and project design is based upon the full use of local human and material resources. The trained women in sanitary production will be able to use their skill for their future economic development.

Some financial self-sufficiency will be ensured by the donations to the development fund, organized by the project from the contribution of the villagers as service charge. The beneficiary families for new water points will combine to contribute Tk. 1,000 to this development fund. After universal coverage of sanitary latrines and safe water, 20% of the total cost of the present project will be required for maintenance of the Program. It



may be possible to cover this 20% of expenses through donations from DF and contributions from local people and institutions in order to keep the project going after 5 years. After completion of project the activities will hand over to local government bodies, community, and field NGOs.

### Gender Implication

BRAC always focuses on women participation in every program- especially sericulture, credit and education where 100% beneficiaries are women. The women involved in these program meet regularly to discuss about their program design, progress and their benefit from the program. The information from women will be collected at the early stage of the project during baseline survey. Their suggestions will be included in the project. Some of their problems can find an immediate solutions and some other points will be considered later depending on available resources.

This project is aimed mostly at women. Women benefit most from the privacy of sanitary latrines and women are more likely to be home-based, spending most time on household activities and care for children. It is essential that they understand the reasons for building latrines so that they can motivate their families to use them.

In project areas, some families have to walk a few hundred yards to the nearest tubewells to collect water and carry heavy containers back with them. The carriers are almost always women or young girls. This project is aimed to solve this problem and ease their burdens.

In addition women groups will be organized, as water point management committee and ownership agreement will be signed with these women groups.

The men in the household of course must not be forgotten. They too need to understand the benefits of using and building latrines; and in financial matters the men



are still often the decision-makers. The project recruitment will ensure gender balance in the project team.

#### **4. Programmatic assessment**

##### **A. Monitoring**

In BRAC, there is an in-house mechanism of monitoring and supervision starting from the project offices to the level of senior managers at the head office. Monitoring of sustainable environmental sanitation program will be carried out according to the outputs indicators explained in activities schedule and will be done in combination of monthly reporting and field visits. Monthly performance report will be reviewed at the regional office as well as head office at Dhaka and feedback will be extended immediately. In addition review meeting will be held quarterly. The overall responsibility for coordinating the management and supervision of the safe water and sanitation program lies upon Project Coordinator, who is reportable to the Deputy Executive Director. The Project Coordinator will be assisted by a senior Gender Specialist who will coordinate and supervise the gender component of the program. In presence of the Project Coordinator, Program review meeting will be organized on alternate months for the first year and quarterly for the subsequent year. A Project Manager assisted by Training Coordinator and Financial Officer will responsible to implement the project in region level. Project Manager is reportable to Project Coordinator. He supervises and monitors the activities of Field NGOs, District Coordinators and Thana Coordinators. The Thana Coordinator stationed at the thana level will be responsible for coordinating field operations, while the field supervisors coordinate the activities of the thana and report back to the Thana Coordinator. Thana Coordinators are reportable to District Coordinator and Project Manager. He is responsible for project implementation in thana and grassroots level. Field Supervisor and Field Worker are reportable to Thana Coordinator.

There will be a systematic way of learning from experience and of using the lessons learned both to improve the future planning and also to take corrective action to improve

the functioning and utilization of the existing project. It should not be a simple listing of problems and their possible causes, but also include information of the following types:

- i. Actions needed to
  - get a non-functioning facility into operation.
  - improve functioning facility.
  - improve the utilization of facility.
- ii. Complementary activities that need to be initiated or re-emphasized for benefits to materialize or increase.
- iii. Modifications needed for future strategy.
- iv. Actions needed to ensure that lessons learned are conveyed to respective authority.

The donor will review the progress of project through project visits and review of Program and financial report. A periodic check of the accounts can be made by donor to ensure that funds are spent according to the budget. Project accounts will be audited annually and at the end of the project.

## ***B. Research***

### **I. Establishing Monitoring and Evaluation System (INCEPTION PERIOD):**

In the inception period, a comprehensive baseline of the Program area will be done. In addition, a surveillance system will be installed in key points to monitor Program progress.

#### **1. Baseline survey:** The main objectives of the baseline survey will be,

- to gather data for analysing current situation with respect to water, sanitation, water-borne diseases and related health behaviour; and,
- establish a benchmark for future surveillance and impact evaluations.

A representative sample survey covering a maximum of 1% of the households will be done. This will come to around 14,000+ households (total households in all 28 project Thanas are 1,419,000) In selecting the sample, villages from each of the two sub-areas will be done. Adequate representation from unserved, underserved and well-served areas (with respect to water and sanitation) will be ensured. The following types of data will be collected from the survey:

- Demographic and socioeconomic information
- Information regarding water and sanitation infrastructure and use
- Personal and domestic hygiene practices
- Morbidity prevalence and illness profile of the project area

The quantitative survey will be supplemented by in-depth qualitative survey and case studies focusing on:

- perception of health and illness
- beliefs about illness causation; Explanatory Model (EM) of illness
- health-seeking behaviour and practices

These qualitative informations will help understand the population's health related behaviour and help design appropriate health education strategy, and monitor health behaviour changes.

**2. Water and sanitation (WATSAN) watch:** By the end of the inception period, a monitoring system will be installed in twenty-eight randomly selected sites, one from each of the twenty-eight thanas (in case of sadar thanas, municipality areas will be selected) which will collect data on selected water and sanitation indicators every fortnight. This will be independent of the routine program monitoring and will be operated by BRAC's Research and Evaluation Division.

The WATSAN Watch will monitor both software and hardware activities. The software component will include monitoring of promotional activities, training activities and financial matters. On the other hand, hardware component will monitor physical progress of the partner NGOs and also, monitoring of physical and financial target and achievement.

For identifying the relevant indicators, the following steps would be taken:

- Interaction with the program beneficiaries on self-monitoring of health and illness and monitoring of project activities, using FGD, PRA and other qualitative techniques
- Interaction with the program implementers on selecting relevant indicators for hardware monitoring
- Finalization of the relevant, practical and focused indicators after necessary fine-tuning

After selection of indicators, monitors will be recruited (7 in total, 1 for 4 surveillance sites) and trained. They will be based in the thana offices. The data will be consolidated first, at the regional level. Quarterly report on "Water and Sanitation Watch" will be produced from consolidation of the two regional surveillance data.

## II. RESEARCH DURING IMPLEMENTATION PERIOD:

Throughout the implementation period a number of short and longitudinal studies will be done to help the program fine-tune its interventions and design appropriate behaviour change strategy.

**1. Short studies:** Short, in-depth studies will be undertaken on the following issues: sanitation behaviour (including hand washing practices), safe water use, personal hygiene, domestic hygiene (including disposal of household garbage and children's faeces), case study of diarrhoeal episodes, structured observation of different health education fora (including courtyard meetings) to record the contents and quality of health inputs.

**2. Longitudinal Studies:** Longitudinal studies will be done to track changes in health behaviour in a number of selected households with respect to some marker diseases like diarrhoea and helminthiasis. This will help document the behavioural changes as it unfolds in the intervention period.

**3. Action research:** Provision of potable water supply for the vast majority of the poverty-stricken people of developing countries remains a formidable challenge for sustainable development. In Bangladesh, more than 75% of all illnesses are ascribed to the lack of safe drinking water and adequate sanitation facilities. Still, 110,000 children under five die of diarrhoeal diseases in each year. To date, only 38% households use safe water for all domestic purposes. The conventional method of safe water supply from the ground water is threatened lately with the emergence of arsenic contamination. An estimated 45% of the population are at risk due to arsenic in groundwater. In the coastal areas, the problem is compounded by the salinity of surface water available. To solve these problems, an adequate balance is to be reached between use of ground water and surface water. With this in mind, a number of action researches are proposed in the project.

This will involve mainly three components,

- Screening DTW water in the newly installed sites for arsenic
- Experimental rain water harvesting (RWH) in two villages, one from each project region
- Pilot on community surface water treatment and management

Screening for arsenic: In Bangladesh, arsenic contamination has been detected mainly in groundwater from the shallow aquifer i.e., less than 50 metres deep. So far, it is assumed that DTW water is arsenic free, but this is not backed by any empirical data. It is proposed to install a screening system for arsenic contamination of the water tapped from the installed water points in the project area. BRAC has a proven capacity for training Community Health Workers (CHWs) in testing tube well water for arsenic contamination. The CHWs will be given two days training on the use of field kits and identification of villagers with symptoms of arsenic poisoning. Immediately after installation of DTW at selected water points, sample will be tested for arsenic contamination by the CHWs using field kits. For quality control, 10% of the samples will be tested in standard laboratory. Currently, BRAC is implementing a 'Community-based Arsenic Mitigation Program' in collaboration with UNICEF. The experiences gained from the project will be utilised in the project.

Rain Water Harvesting: In the gradually increasing coastal areas of Bangladesh, it is very hard for people to get access to safe and sweet drinking water through tubewell. Of late, Arsenic contamination of tubewell water has compounded the problem for these areas. There are several low cost appropriate technologies to address these problems.

One of the safe water options for arsenic contamination/saline water is rain water harvesting (RWH). An operation research on RWH will be undertaken in the project area on a small scale. Rainfall patterns will be confirmed with local communities to ascertain the feasibility of RWH. Experience gained so far indicates that, beyond the



wet seasons, storage of rainwater is not economically feasible at family level because of construction cost. Therefore, harvesters are now built keeping the dry season in mind (from January to April, 120 days)

One to two villages from each of the sub-areas (Patuakhali and Noakhali) will be selected for RWH. A 3,200 litre container (DPHE model as constructed in community based arsenic mitigation program) will be built for a family of six for the dry period from January to April<sup>1</sup>. The villagers and local masons will be involved in the construction of the rain water harvester (jar) so that villagers can use their skills to continue construction of harvester in future. For this a two-day training will be Organized for them by the DPHE masons who have experience in constructing these types of structures. The caretakers of the rain water harvester will be trained in the operation and maintenance of the RWH. Monitoring the quality of water for faecal coliform and others is an important component of the action research project. Counts of water samples taken at periodic intervals.

Community surface water treatment and management: An alternative option for safe water may be the treatment of surface water already available from pond, river, canal etc. In this project, an action research will be done in one or two selected sites with a complete on-site water treatment system designed for small rural communities. This product of Water Health Intl. can provide safe drinking water daily for 750-1,000 people for all consumption needs and basic health care, or 2,000-3,000 people for drinking water only (around 200-300 households). In addition to clear turbidity etc., this system effectively removes common bacteria and other microorganisms found in water with the help of UV radiation. BRAC is already undergoing negotiation to pilot test the system in several of its work areas. This system will be integrated with micro-credit for the women where women will operate and manage the system and earn income from selling the

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<sup>1</sup> A family of six in Bangladesh needs about 30 litres per day of hygienically safe water for drinking and food preparation. a 30 day period requires approx. 900 litres and the dry period of four months about 3,600 litres; Water from tube-wells that are not necessarily arsenic free can be used for other purposes such as bathing, washing clothes and other domestic purposes.



safe water to the villagers for a nominal price. In this way it will serve both as a source of safe water supply and an income-generating project.

4. Mid-term evaluation: A mid-term evaluation will be done at the end of two years from the beginning of the implementation period i.e., at the end of three years from the beginning of the project, preferably by an external agency. The mid-term evaluation will take stock of the work so far done, its relevance to the stated objectives, the quantity and quality of achievement, identify pitfalls and provide future direction to reach stated goals.

### III. RESEARCH DURING PHASING OUT:

1. **Final impact survey:** A sample (50%) of the baseline survey households will be re-visited for final impact survey. The qualitative component will be excluded. The small and the longitudinal studies will provide enough qualitative data to document behavioural changes from interventions of the project. A quasi-experimental design (pre-test/post-test control group) will be followed to study the impact of the project on the beneficiaries in the project area.
2. **Study on sustainability of the program:** A small-scale study will be done to explore sustainability issues of the program. These will mainly concentrate on the behavioural changes resulting from the project.

### 4. REPORT

Submission of periodic and final report is planned as below:

- 1) Quarterly inception reports on (8-10) April, (8-10) July, (8-10) October, 2000 and (8-10) January of 2001.
- 2) Final inception report on 29-31 January, 2001.
- 3) Financial statement every month of the project period.
- 4) Quarterly progress report on (8-10) April, (8-10) July, (8-10) October, (8-10) January of every year during implementation period.
- 5) Draft final report on 29-31 January 2005.
- 6) Final Report on 10-15 March 2005.

## TEAM COMPOSITION TASK AND ASSIGNMENTS

01. Management / Professional staff		
Name	Position	TASK
Jalaluddin Ahmed	Project Coordinator (H/O based)	01. Co-ordinate different agencies as DAG, CCU, PMU. (ABC) 02. Prepare operation procedure and Implementation guideline (A) 03. Implement overall program. (ABC) 04. Facilitate central inception workshop. (A) 05. Develop work plan and procedure (A) 06. Contract with field NGOs. (A) 07. Supervise and monitor over all program implementation (ABC) 08. Staff recruitment and deployment (A) 09. Reporting (ABC) 10. Supervise phasing out activities (C)
Md. Rafiqul Haque	Auditor (CA) (H/O based)	01. Management overall project financial activities. (ABC) 02. Auditing and monitoring financial transaction of the project. (ABC) 03. Conduct the financial trainings. (AB) 04. Prepare the financial reports (ABC)
Ms. Rehana Amin Murshed	Gender Specialist (H/O based)	01. Trainings (AB) 02. Seminars (AB) 03. Staff motivation (ABC) 04. Coordination (ABC) 05. Supervision (ABC)
1. Md. Shah Noor Mahmud 2. M. M. Habibur Rahman	Project Manager (R/O Based)	01. Co-ordinate with PMU and DPHE & DANIDA. (ABC) 02. Organise the inception workshop at region level. (A) 03. Supervise the activities of Thana Co-ordinator and District Co-ordinator. (ABC) 04. Supervise the activities of local NGOs. (BC) 05. Select the partner Field NGOs. (A) 06. Analyse the results of survey and use it for Project Implementation. (ABC) 07. Distribute and check use of materials. (B) 08. Analyse the monitoring reports and moderate or adjust the procedure in collaboration with Program Coordinator. (ABC) 09. Collect and analyze the outcome of existing research, development and monitoring reports. (ABC) 10. Preparation of Training plan. (A) 11. Preparation and distribution the works of local NGOs. (A) 12. Select experienced NGO for implementation of the rain water harvesting project. (B) 13. Prepare detailed procedure for phasing out software activities for village, union and thana level. (BC) 14. Liaison with DPHE, PMU for reduce linkage between Hardwar and Software components. (BC)

Note: A = Task in Inception Period  
B = Task in Implementation Period  
C = Task in Phasing out Period.

## 01. Management / Professional staff

Name	Position	TASK
	Finance Officer (R/O based)	01. Management and Financial activities in Region Level. (ABC) 02. Audit the Financial Transactions. (ABC) 03. Prepare Regional Financial Reports. (ABC)
Dr. Ariful Alam	Training Co-ordinator (R/O Based)	01. Prepare Training Plan (A) 02. Prepare Training Module (A) 03. Organise Training of various groups. (AB) 04. Organise Refreshers Training. (AB) 05. Implement training program (AB)
District Co-ordinator	District based	01. Implement program in District level. (ABC) 02. Liaison with DPHE at district level. (ABC) 03. Supervise the activities of thana Co-ordinator and field NGOs. (ABC) 04. Program Monitoring & Evaluation. (ABC) 05. Prepare District level Reports. (ABC)
Thana Coordinator	Thana Based	01. Planning of thana level project implementation. (A) 02. Implementation program at thana level. (ABC) 03. Liaison with DPHE line Ministry officials & partner NGOs. (ABC) 04. Organize the orientation seminars for stakeholders (Union & Thana Level). (B) 05. Organise the training of different stakeholders. (B) 06. Formulation of site selection committee / Union WATSAN Committee. (B) 07. Identify the partners and liaison with them to ensure the objective of the project (As. UP Staffs, School Management Committee member, H&FP staff, Masjid Management Committee, Local leaders etc.) (AB) 08. Organise orientation workshops at thana and union level. (B) 09. Distribute and check use of materials. (B) 10. Participate together with Union Parishad in the approval or rejecting the applications for water points. (B) 11. Organise annual refresher training for field workers and field supervisor. (BC) 12. Supervise the activities of local NGOs. (BC) 13. Analyse the results of survey and use it for Project Implementation. (ABC) 14. Follow-up and Supervise the activities of Field Supervisors. (ABC) 15. Activate the Union and thana WATSAN Committee. (ABC) 16. Supervision and follow-up the Hygiene promotion activities. (BC) 17. Implement school sanitation. (B) 18. Prepare Thana level reports (ABC) 19. Handed over the activities to local govt. bodies and local NGOs

Note: A = Task in Inception Period  
B = Task in Implementation Period  
C = Task in Phasing out Period.

01. Management / Professional staff		
Name	Position	TASK
		(C)
Field Supervisor	Thana level	01. Supervision and Monitoring the Activities of field NGOs and field workers. (BC) 02. Involve in site selection of water point. (BC) 03. Encourage field NGOs to established savings & credit schemes for payment of user contribution for water points. (B) 04. Participated together with UP in the approval or rejecting the applications for water points. (B) 05. Follow up Local NGO courtyard season. (mobilization campaign). (BC) 06. Test the social and technical feasibility of sanplant latrine. (B) 07. Support SMC and Parent Teacher Association in constructing four unit sanitary latrine and HTW facilities for hand washing. 08. Identify potential areas for rain water harvesting. (B) 09. Organise CTF Training. (B) 10. Organise SOCMOB Activities as Rallies, Demonstration fair, popular theatre, Folk cultural show etc. (BC) 11. Participate in union monthly meeting to activate union WATSAN Committee. (BC)
02. Support Staff		
Field Worker	Union Level	01. Assisting the detailed mapping for water points. (B) 02. Group formation in underserved and unserved pockets. (B) 03. Involve water point site selection. (B) 04. Conduct Group meetings (B) 05. Conduct courtyard sessions. (BC) 06. Household visit. (BC) 07. Selection of Care Taker Family (CTF). (B) 08. CTF Training organise. (B) 09. Section of village animators (B) 10. Organise and conduct latrine campaign. (BC) 11. Supervise village animators. (BC) 12. Hygiene education forum with CTF (BC) 13. Savings collection from water user group. (B) 14. Deposit the savings in the approved Bank. (B) 15. Liaison with UP Chairman, Members, Health & Family Planning Workers, School teachers and School Management Committee DPHE Mechanics. (BC) 16. Organise and conduct rallies, school meetings, popular theatre & demonstration fair. (BC) 17. Formation of school club. (B) 18. Organise and conduct UP monthly meetings. (BC)
Animator	Village Level	01. Household visits. (BC)

Note: A = Task in Inception Period  
 B = Task in Implementation Period  
 C = Task in Phasing out Period.

01. Management / Professional staff		
Name	Position	TASK
		02. Organise courtyard sessions, group meetings. (BC)
		03. Motivate the target group to increase latrine use, Safe water use and hygiene promotion. (BC)
		04. Organise health education forum in the EPI & SC. (BC)
		05. Organise the health promotion activities. (BC)

Note: A = Task in Inception Period  
 B = Task in Implementation Period  
 C = Task in Phasing out Period.





## FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

Proposed Position: Project Coordinator

Name of NGO: BRAC

Name of Staff: Jalaluddin Ahmed

Profession: Programme Coordinator, Rural Development Program, BRAC

Date of Birth: August 24, 1952

Years with NGO: 19 years

Nationality: Bangladeshi

Membership in Professional Societies:

- Member, Society of International Development, Bangladesh Chapter
- Member, Bangladesh Unnayan Parishad
- Joint Convener, Forum on Health Care Financing and Organization.

Detailed Tasks Assigned:

- Co-ordinate different agencies as DAG, CCU, PMU.
- Prepare operation procedure and Implementation guideline.
- Implement overall programme.
- Facilitate central inception workshop.
- Developed the work plan
- Contract with field NGOs.
- Supervise overall programme implementation
- Staff recruitment and deployment

Key Qualifications:

Serving in BRAC for 19 years in various capacities has provided an indepth understanding of the socio-economic status of the poor people of the country. Working as a senior staff economist for BRAC's Oral Therapy and Extension Programme (OTEP) from November '80 to October '83 has provided with research skills enriching the analysing capabilities of the behavioural and living patterns of the poor people of Bangladesh. Working in the capacity of a Regional Manager for Child Survival Programme (CSP) has provided with management and interpersonal skills as the programme required management of 300 staff working all over the country and

communicating with local government representatives at the grass roots level for smooth implementation of the programme. Serving as Programme Manager for the Health and Population Department of BRAC has helped in enriching career in mass awareness since the post entailed responsibilities in managing field operations of the Reproductive Health and Disease Control (RHDC), Bangladesh Integrated Nutrition Programme (BINP), and the Family Planning Facilitation Programme. Joined in EHC in June, 1997 as Program Coordinator and oversee all program Activities. Since 1988, my activities includes supersing staff, preparing proposal, budget and periodic program reports, policy and decision making for program implementation, supervising operation research, establishing and maintaining liaison with government, NGOs and donor agencies, representing BRAC in workshop, seminars and meetings. Travels abroad and throughout rural and urban Bangladesh. Attends various international discussions, seminars and workshops on policy development and different development issues. Such experience will help in implementing the project effectively and efficiently.

#### Education:

Certificate Course in Managing Health Programme in Developing Countries; School of Public Health; Harvard University; USA; 1992

Master of Science in Community Health in Developing Countries; London School of Hygiene and Tropical Medicine; University of London; 1988

Master of Arts in Economics ; Chittagong University; 1977

Bachelor of Arts (Honours) in Economics; Chittagong University; 1976

#### Employment Record:

June 1, 1997 to date	:	Programme Coordinator Essential Health Care – RDP, BRAC.
July 1, 1991 to May 31, 1997	:	Programme Manager Health and Population Division, BRAC.
November 1, 1986 to June 30, 1991	:	Regional Manager Child Survival Programme, BRAC
November 17, 1980 to October 31, 1988	:	Senior Staff Economist BRAC
July 5, 1978 to November 16, 1980	:	Research Analyst Bangladesh Institute of Development Studies (BIDS)

#### Languages:

- Excellent in written and spoken Bangla
- Good in written and spoken English

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

\_\_\_\_\_  
*Signature of staff member and authorized representative of the firm*      Date: \_\_\_\_\_  
*(Date/Month/Year)*

Full name of staff member: Jalaluddin Ahmed

Full name of authorized representative: Md. Asimul Alam



## FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

Proposed Position: gender specialist

Name of NGO: BRAC

Name of Staff: Rehana Amin Murshed

Profession: Development Practitioner

Date of Birth: July 2, 1950

Years with NGO: 5 years since 1994

Nationality: Bangladeshi

Detailed Tasks Assigned:

- Training
- Seminar
- Staff motivation
- Coordination

Key Qualifications:

16 years of working experience in BRAC consisted of deep involvement in primary health care activities. Serving 3 years as Team Coordinator of Oral Therapy Programme (OTEP) from August '83 to September '86 enriched understanding of mass communication and education with view to building awareness. Serving as area manager for Child Survival Programme (CSP) from October '88 to December '90 and as area coordinator for Women's Health and Development Programme (WHDP) has help to improve skills relate to planning of implementation of programmes and preparing annual and semi-annual reports of programmes. Various trainings during tenure at BRAC has also sharpened insight, improved management capabilities, and increased decision-making power. Management Development Training (Oct 10-Nov 15 '90) has provided guidelines to smooth management of project and programmes undertaken and has taught tactics to face and handle impediments, if any. Training of Trainers on Participatory Rapid Appraisal (PRA) (Mar 22-Apr 4 '94) helped to sharpen insight as to how to ensure participation from the beneficiaries and to ensure they receive benefit from such participation. Such vast experience will contribute to capable contribution to the project.



### Education:

- Master of Arts in Gender and Development; Institute of Development Studies at the University of Sussex, U.K.; 1999
- Bachelor of Arts; CB College; University of Punjab; Pakistan; 74

### Employment Record:

'99 to date	-	Manager Social Development Rural Development Programme, BRAC
'95 to '99	-	Coordinator Gender Resource Centre Training Division, BRAC
Apr '92 to June '97	-	Executive Assistant Research Division, BRAC
'94 to '95	-	Area Coordinator Women's Health and Development Programme (WHDP), BRAC

### Languages:

Excellent in Spoken and Written English  
Good in Spoken and Written Bangla  
Fair in Spoken and Written Urdu  
Poor in Spoken and Written French

### Certification:

I, the under-signed, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

\_\_\_\_\_  
[Signature of staff member and authorized representative of the firm]      Date: \_\_\_\_\_  
[Day/Month/Year]

Full name of Staff Member : Rehana Amin Murshed  
Full name of authorized representative of the Firm : Md. Aminul Alam  
Deputy Executive Director, BRAC

## FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

Proposed Position: Audit Specialist

Name of NGO: BRAC

Name of Staff: Md. Rafiqul Haque

Profession: Senior Audit Officer

Date of Birth: January 31, 1961

Years with NGO: 9 years

Detailed Tasks Assigned:

- Management overall project financial activities.
- Auditing and monitoring financial transaction of the project.
- Conduct the financial trainings.
- Prepare the financial reports.

Key Qualifications:

Serving 9 years in BRAC in the capacity of a senior Audit Specialist has provided understanding of BRAC's financial system and also has served as a practice field, enhancing audit skills. The experience will help to undertake audit activities for the project efficiently.

Education:

Passed Chartered Accountancy course; ICAB; 1996

M.Com in Accounting; Dhaka University; 1986

B.Com in Accounting; Dhaka University; 1982

Employment Record:

February '90 to Date: Senior Audit Officer  
BRAC.





**Languages:**

- Excellent in written and spoken Bangla
- Good in written and spoken English

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

\_\_\_\_\_  
*[Signature of staff member and authorized representative of the firm]*      Date: \_\_\_\_\_  
*[Day/Month/Year]*

Full name of staff member: Md. Rafiqul Haque

Full name of authorized representative: Jalaluddin Ahmed  
Programme Coordinator, BRAC



## FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

Proposed Position: Project Manager

Name of NGO: BRAC

Name of Staff: Shah Noor Mahmud

Profession: Sector Specialist, Essential Health Care, BRAC.

Date of Birth: January 1, 1957

Years with NGO: 16 years since 1983

Nationality: Bangladeshi

### Detailed Tasks Assigned:

- Co-ordinate with PMU and DPHE & DANIDA.
- Organize the inception workshop in region level.
- Supervise the activities of Thana Co-ordinator.
- Supervise the Activities of local NGOs.
- Select the partner Field NGOs.
- Analyse the results of survey and use it for Project Implementation.
- Distribute and Check use of materials.
- Analyse the monitoring reports and moderate or adjust the procedure in collaboration with Programme Coordinator.
- Collect and analyze the outcome of existing research, development and monitoring reports.
- Preparation of Training plans.
- Preparation and distribution the works of local NGOs.
- Select experienced NGO for implementation of the rain water harvesting project.
- Prepare detailed procedure for phasing out software activities for village, unions and thanas.
- Liaison with DPHE, PMU for reduce linkage between Hardware and Software components.

### Key Qualifications:

16 years of working experience in BRAC consisted of deep involvement in primary health care activities. Serving 3 years as Team Coordinator of Oral Therapy Programme (OTEP) from August '83 to September '86 enriched understanding of mass communication and education with view to building awareness. Serving as area manager for Child Survival Programme (CSP) from October '88 to December '90 and as area coordinator for Women's Health and Development Programme (WHDP) has help to improve skills relate to planning of implementation of

programmes and preparing annual and semi-annual reports of programmes. Various trainings during tenure at BRAC has also sharpened insight, improved management capabilities, and increased decision-making power. Management Development Training (Oct 10-Nov 15 '90) has provided guidelines to smooth management of project and programmes undertaken and has taught tactics to face and handle impediments, if any. Training of Trainers on Participatory Rapid Appraisal (TRA) (Mar 22-Apr 4 '94) helped to sharpen insight as to how to ensure participation from the beneficiaries and to ensure they receive benefit from such participation. Such vast experience will contribute to capable contribution to the project.

#### Education:

- Master of Social Science in Economics; University of Dhaka; 1979
- Bachelor of Social Science (Hons.) in Economics; 1978

#### Employment Record:

Dec '98 to date	-	Sector Specialist Rural Development Program-Essential Health Care (RDP-EHC), BRAC
Jul '97 to Nov '98	-	Research Associate Research and Evaluation Division (RED), BRAC
Apr '92 to June '97	-	Senior Area Manager Research and Evaluation Division (RED), BRAC
Jan '91 to Mar '92	-	Area Coordinator Women's Health and Development Programme (WIHP), BRAC
Oct '88 to Dec '90	-	Area Manager Child Survival Programme (CSP), BRAC
Oct '86 to Sept '88	-	Upazilla Programme Organizer Child Survival Programme (CSP), BRAC
Aug '83 to Sept '86	-	Programme Organizer (PO) and Team Coordinator Oral Therapy Extension Programme (OTEP), BRAC
Nov '82 to Aug '83	-	Lecturer of Economics, Shamsul Haque College, Elanga, Tangail

#### Languages:

Excellent in Spoken and Written Bangla  
Good in Spoken and Written English